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CALIFORNIA HIV SEROPREVALENCE ANNUAL REPORT 1995

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STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY PETE WILSON, *Governor*

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TO: Interested Parties

SUBJECT: CALIFORNIA HIV SEROPREVALENCE ANNUAL REPORT 1995

I am pleased to make available to you the *California HIV Seroprevalence Annual Report 1995*. The data in this report were gathered in 1995 by the California Department of Health Services, Office of AIDS, in collaboration with local health departments, the Centers for Disease Control and Prevention, California blood banks and plasma centers, the United States Department of Defense, the California Department of Health Services, Genetic Disease Branch and Viral and Rickettsial Disease Branch.

The data have been useful to many local health departments in monitoring the human immunodeficiency virus (HIV) epidemic locally, targeting prevention activities and other services, and making other public health policy decisions.

I hope you find the data useful in your local HIV serosurveillance activities as well as the community HIV prevention planning process. If you have any questions about this annual report, please contact Donna Zukowski or Juan D. Ruiz, M.D., Dr P.H. at (916) 324-8441.

Wayne E. Sauseda, Chief
Office of AIDS

CALIFORNIA HIV SEROPREVALENCE ANNUAL REPORT 1995

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GLOSSARY OF ACRONYMS

ELISA	Enzyme-linked Immunosorbent Assay
EIA	Enzyme-linked Immunosorbent Assay
CDC	Centers for Disease Control and Prevention
DTC	Drug treatment center
HFS	HIV Family of Surveys
HIV	Human Immunodeficiency Virus
IDU	Injection drug use
IFA	Immunofluorescence Assay
MSM	Men who have sex with men
STD	Sexually transmitted diseases

CALIFORNIA HIV SEROPREVALENCE ANNUAL REPORT 1995

Background

Since the summer of 1988, the California Department of Health Services, Office of AIDS (CDHS/OA) has participated in Human Immunodeficiency Virus (HIV) Family of Surveys (HFS) funded by the Centers for Disease Control and Prevention (CDC). The objectives of sentinel serosurveillance are to 1) provide state and local health officials and the general public with information on the HIV prevalence in various populations, so that education and prevention programs can be developed, targeted, and evaluated; 2) indicate the magnitude and extent of HIV infection by demographic and behavioral subgroup and by geographic area; 3) indicate regional and national changes over time in the prevalence of infection in specific populations defined by HIV risk behaviors and demographic characteristics; and 4) assist in projecting the number of children and adults who will develop HIV-associated illness and require medical care.

The serosurveys are clinic-based and are conducted annually in selected sentinel sites throughout the State. They are designed to establish baseline HIV seroprevalence rates, monitor HIV trends in known high-risk or cross-over groups, and serve as an early warning system for the possible spread of HIV from these groups into the general population.

All of these surveys use anonymous, unlinked (blinded) HIV testing. In unlinked surveys, samples gathered from discarded blood originally collected from consecutive eligible clients for routine diagnostic purposes are tested for HIV antibodies after all personal identifying information has been removed. The HIV test results as well as risk information obtained from medical records cannot be linked to specific individuals.

This summary presents results of the HIV serosurveillance activities from surveys in sentinel sites in California during 1995. The selected clinical settings included sexually transmitted disease (STD) clinics and drug treatment centers (DTC). In addition, this report includes data obtained from other sources: the Survey of Childbearing Women, HIV screening by blood collection agencies of blood donations, and HIV screening by the Department of Defense of civilian applicants for military service.

All of the surveys in this report measure HIV seroprevalence, which is the proportion of persons who have serologic evidence of HIV infection at a given time. Seroprevalence is influenced by the rate of new HIV infections (incidence) and by attrition of HIV-infected persons from the population under study, often through illness or death.

HIV seroprevalence is a good indicator of future morbidity and health delivery needs

because it measures the level of HIV infection in a population. Seroprevalence data from a single site should be interpreted with caution because the representativeness of the sample population may be subtly changing.

Highlights

Sexually Transmitted Disease Clinics

In 1995, a total of 22,756 serum samples were tested in STD clinics in 14 local health departments[1] (Table 2). The seroprevalence (2.6 percent) was relatively unchanged from 1994[2] (2.5 percent). Seroprevalence increased in the counties of Kern, Sacramento, San Francisco, Solano and the cities of Long Beach and Berkeley. All other counties showed a decrease from 1994, with the exception of San Bernardino which remained the same.

The overall HIV seroprevalence among men in 1995 was 3.7 percent and among women was 0.5 percent (Table 3). By mode of transmission, the highest seroprevalence (26.2 percent) in STD clinics was among *men who reported sex with men who also injected drugs*. The largest percentage change between 1994 and 1995 was among female *sex partner at risk for HIV* (40.0 percent).

Among men in the sample, seroprevalence increased in 1995 for *White* and *Asian/Pacific Islander* race/ethnic groups and decreased for *African American* and *Latino* men (Table 4). Among women, seroprevalence increased for *Whites and Latinas.* Seroprevalence for *African American* and *Asian/Pacific Islander* women remained the same.

Drug Treatment Centers

There were a total of 2,201 serum samples tested at 8 centers in five local health departments[3]. The seroprevalence (3.0 percent) for all centers was relatively unchanged from 3.3 percent in 1994 (Table 26). Among selected counties, the seroprevalence in 1995 ranged from a high of 5.6 percent in *Alameda* to a low of 0.9 percent in *Los Angeles* County.

Of men tested at DTCs in 1995, 2.4 percent were HIV positive, compared to 4.2 percent of women (Table 27). By mode of transmission, seroprevalence was highest

---

[1] Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Clara, Solano, Long Beach, Berkeley.

[2] All 1994 data from: State of California, Department of Health Services, Office of AIDS, HIV/AIDS Epidemiology Branch, California HIV Seroprevalence Annual Report 1994, July 1996.

[3] Alameda, Contra Costa, Los Angeles, San Diego, Santa Clara.

among *heterosexual* women (4.7 percent).

HIV seroprevalence was highest among *African American* men and women, however both showed a percent decrease when compared to 1994 (Table 28). The seroprevalence among *White* men was 1.6 percent in 1995 compared to 1.4 percent in 1994. Seroprevalence among *White* women changed from 0.9 percent in 1994 to 1.6 percent in 1995.

Survey of Childbearing Women

During 1995, 99,504 specimens were tested among selected counties[4] for maternal HIV antibodies (Table 35). The seroprevalence rate was 0.08 percent, down from 0.09 percent in 1994.

By age group, women between the ages of *20 - 24* had the highest seroprevalence and the largest percentage increase compared with 1994 (Table 36).

By race/ethnicity, *African American* women showed the highest (0.29 percent) seroprevalence rate (Table 36). The highest percentage increase compared to 1994 was among *Latina* women.

California Blood Banks and Plasma Centers

Overall seroprevalence between 1994 and 1995 declined in blood banks and plasma centers. In 1995, 978,032 specimens from selected California blood banks[5] were tested, of which 42 (0.004 percent) were seropositive (Table 37). In 1995, 591,254 specimens from selected California plasma centers[6] were tested, of which 112 (0.019 percent) were seropositive (Table 38).

Civilian Applicants for Military Service

In 1995, a total of 22,865 serum samples were tested among all persons applying for military service in 14 selected counties[4]. The seroprevalence was 0.04 percent, down from 0.05 percent in 1994 (Table 39).

Men represented 81.5 percent of the total civilian applicants among these counties, of which 0.05 percent were HIV seropositive, up from 0.04 percent in 1994 (Table 40). Women represented 18.5 percent, with a HIV prevalence of zero (Table 41).

---

[4] Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Clara, and Solano.

[5] Alameda, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Clara, and the City of Long Beach.

[6] Alameda, Fresno, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, and the City of Long Beach.

SEXUALLY TRANSMITTED DISEASE CLINICS

SURVEYS OF ADULTS ATTENDING SEXUALLY TRANSMITTED DISEASE (STD) CLINICS

STD clinics serve persons at increased risk of infectious disease due to unprotected sex and other behaviors such as injection drug use. During 1995, STD clinics in 14 local health departments[1] conducted unlinked surveys to determine rates of HIV infection among STD clients. Serum samples from clients who were being evaluated for a possible STD and who had not visited the clinic in the previous three months were included in the survey. Clients attending the clinic for follow-up visits, solely for HIV testing, or for evaluation of HIV infection were excluded. Eligible specimens were selected consecutively to meet a desired sample size of at least 500 clients at each clinic. In actuality, selected California counties and cities submitted between 200 and 12,800 serum specimens each for a total of 22,756 serum samples tested during 1995 (Table 1).

This report summarizes results for 1995 from 30 STD clinics in selected California counties and cities. Statewide, the seroprevalence at the clinics increased from 2.5 percent in 1994[2] to 2.6 percent in 1995 (Table 1).

HIV seroprevalence varied by region, from a high of 9.1 percent in *San Francisco* to a low of 0.4 percent in the *South Valley*. The seroprevalence for *San Diego, Los Angeles, Central Valley* and *South Valley* regions showed a decrease from 1994. However, the seroprevalence for *San Francisco*, *Bay Area* and *North Valley* Regions increased (Table 1, Figure 1). *Kern* county and the city of *Berkeley* experienced the highest increases in prevalence in the state (Table 2).

Men represented 65.1 percent (14,821) of the total STD population of which 3.7 percent (543) were HIV seropositive, remaining unchanged from 1994 (Table 3). Women represented 34.4 percent (7,839) of the total STD population of which 0.5 percent (40) were HIV seropositive, an increase from 0.4 percent in 1994. The highest seroprevalence (26.2 percent) was among *men who reported sex with men who injected drugs*, compared to 41.9 percent in 1994 (a decrease of 37.5 percent). This group was followed by *men who have sex with men* (22.1 percent), compared to 26.8 percent in 1994. Among men, *heterosexuals with a history of injection drug use* showed a seroprevalence rate of 4.6 percent up from 3.4 percent in 1994, compared to women with a seroprevalence of 1.7 percent down from 1.9 percent in 1994. Among clients who reported *sex partner at risk for HIV*, the seroprevalence was 1.2 percent for men (a decrease of 65.7 percent) and 2.8 percent for women (an increase of 40.0 percent).

---

[1]Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Clara, Solano, Long Beach, and Berkeley.

[2]All 1994 data from: State of California, Department of Health Services, Office of AIDS, HIV/AIDS Epidemiology Branch, California HIV Seroprevalence Annual Report 1994, July 1996.

In 1995, 43.9 percent (9,999) of the specimens tested in the STD clinics were of *African American* origin; 31.4 percent (7,148) of *Latinas/os* origin; 18.8 percent (4,270) of *White* origin; and 3.1 percent (702) of *Asian/Pacific Islander* origin (Table 4, Figure 2). The seroprevalence rate for White men increased from 7.2 percent in 1994 to 7.7 percent in 1995. The rate for White women increased from 0.3 percent in 1994 to 0.4 percent. Among *African American* men the seroprevalence rate of 2.5 decreased from 2.8 percent in 1994. *African American* women remained unchanged from 1994 at 0.6 percent. The seroprevalence rate for *Latino* men showed a decrease from 2.8 percent in 1994 to 2.6 percent in 1995, compared to *Latina* women which showed a slight increase from 0.3 percent in 1994 to 0.4 percent in 1995. The rate for *Asian/Pacific Islander* men (2.8 percent) increased from 2.1 percent in 1994. *Asian/Pacific Islander* women had zero positives in 1995.

Seroprevalence rates were highest among men in age group *40-44,* and lowest among men *19 and Under* (Table 5, Figure 3). Seroprevalence rates decreased from 1994 for men in age groups *25-29, 35-39* and *45 and Over* and increased for men in all other age groups. The highest seroprevalence among women was in age group *35-39* (0.8 percent). The 1995 seroprevalence decreased from 1994 for women in age groups *35-39* and *40-44* and increased in all other age groups, except *30-34* which was unchanged.

Table 6 and Figure 4 present HIV seroprevalence for *homosexual/bisexual* men attending STD clinics by race/ethnicity. In 1995, HIV seroprevalence ranged from a high of 27.7 percent among *African American* to a low of 16.9 percent among *Latino* men. By age group seroprevalence ranged from a high of 33.6 percent among age group *35-39* to a low of 11.6 percent in age group *20-24* (Table 7, Figure 5).

Tables 8, 9 and Figure 6 present HIV seroprevalence for *heterosexual* males and females attending STD clinics by race/ethnicity. In 1995, the highest HIV seroprevalence was for *African American* males (1.0 percent) and *African American* females (0.6 percent).

The highest seroprevalence among *heterosexual* males was in age group *40-44* (Tables 10, 11 and Figure 7). However, among *heterosexual* females the highest seroprevalence was in age group *35-39*.

Tables 12 through 25 present seroprevalence data from the sentinel sites by transmission, race/ethnicity and age group.

STD clinics serve large numbers of HIV-infected persons. HIV surveillance in these clinics provides important information about populations at greatest risk for HIV infection. Serosurveillance may also provide an early warning of the heterosexual spread of HIV infection, since those at greatest risk of heterosexual transmission are likely to be those also at risk of acquiring other STDs.

Table 1.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics By California Regions 1994 - 1995

Regions[2]	Number Tested 1995	Number Positive[3] 1995	Prevalence (%)		Percent Change 1994 to 1995
			1994	1995	
San Francisco	4,046	368	8.1	9.1	12.3
San Diego[4]	594	17	3.0	2.9	-3.3
Bay Area	1,408	26	1.7	1.8	5.9
Los Angeles	12,830	151	1.5	1.2	-20.0
Central Coast[4]	809	10	1.2	1.2	-
Central Valley[4]	1,504	11	1.0	0.7	-30.0
South Valley[4]	725	3	0.8	0.4	-50.0
North Valley[4]	840	6	0.6	0.7	16.7
Total	22,756	592	2.5	2.6	4.0

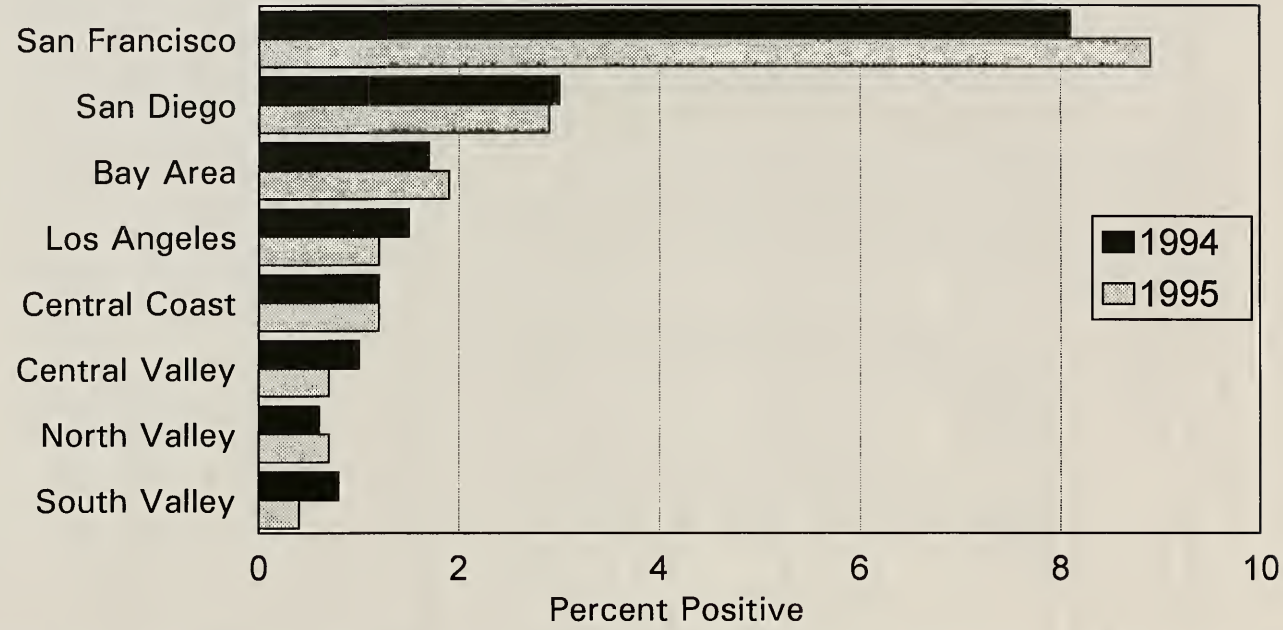
[1]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2]Central Coast = Long Beach and San Luis Obispo. North Valley = Sacramento and Solano. Central Valley = Fresno, Kern, and San Joaquin. South Valley = San Bernardino and Riverside. Bay Area = City of Berkeley and Santa Clara.

[3]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[4]Data collection for January-June 1995.

Figure 1. HIV-1 Seroprevalence for Clients Attending STD Clinics by Region (Selected Counties and Cities) 1994 - 1995



Central Coast = City of Long Beach, and San Luis Obispo County. NorthValley = Sacramento and Solano Counties. Central Valley = Fresno, Kern, and San Joaquin Counties. South Valley = San Bernardino and Riverside Counties. Bay Area = City of Berkeley and Santa Clara County.

California Department of Health Services
Office of AIDS, 1997

Table 2.
HIV-1 Seroprevalence for Clients
Attending Sexually Transmitted Disease (STD)[1] Clinics
Selected California Counties and Cities
1994 - 1995

Selected Counties and Cities	Number Tested 1995	Number Positive[2] 1995	Prevalence (%)		Percent Change 1994 to 1995
			1994	1995	
Fresno[3]	501	3	1.5	0.6	-60.0
Kern[3]	500	6	0.3	1.2	300.0
Los Angeles	12,830	151	1.5	1.2	-20.0
Riverside[3]	223	1	1.5	0.4	-73.3
Sacramento[3]	500	4	0.6	0.8	33.3
San Bernardino[3]	502	2	0.4	0.4	-
San Diego[3]	594	17	3.0	2.9	-3.3
San Francisco	4,046	368	8.1	9.1	12.3
San Joaquin[3]	503	2	0.9	0.4	-55.6
San Luis Obispo[3]	312	0	0.3	0.0	-100.0
Santa Clara	595	7	1.7	1.2	-29.4
Solano[3]	340	2	0.5	0.6	20.0
Long Beach[3]	497	10	1.8	2.0	11.1
Berkeley	813	19	1.7	2.3	35.3
Total	22,756	592	2.5	2.6	4.0

[1]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2]All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[3]Data collection for January-June 1995.

Table 3.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics Selected California Counties and Cities by Gender and Transmission Category 1994 - 1995

Gender and Transmission Category	Number Tested 1995	Number Positive[2] 1995	Prevalence (%)		Percent Change 1994 to 1995
			1994	1995	
MALE					
MSM/Bisexual	1,461	323	26.8	22.1	-17.5
MSM/Bisexual, IDU	107	28	41.9	26.2	-37.5
Heterosexual IDU	284	13	3.4	4.6	35.3
Hemophilia	2	0	a	a	a
Sex Partner at Risk for HIV	252	3	3.5	1.2	-65.7
Blood Recipient	61	0	4.4	a	a
Heterosexual	12,101	103	1.0	0.9	-10.0
Unknown Risk	553	73	2.8	13.2	371.4
Sub-Total MALE	14,821	543	3.7	3.7	-
FEMALE					
IDU	177	3	1.9	1.7	-10.5
Sex Partner at Risk for HIV	179	5	2.0	2.8	40.0
Blood Recipient	86	0	0.9	a	a
Heterosexual	6,941	30	0.3	0.4	33.3
Unknown Risk[3]	456	2	0.9	0.4	-55.6
Sub-Total FEMALE	7,839	40	0.4	0.5	25.0
Missing Gender	96	9	a	9.4	a
Total	22,756	592	2.5	2.6	4.0

[1]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2]All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[3]Includes 164 self-identified lesbian females from Los Angeles.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Table 4.
HIV-1 Seroprevalence for Clients
Attending Sexually Transmitted Disease (STD)[1] Clinics
Selected California Counties and Cities
by Gender and Race/Ethnicity
1994 - 1995

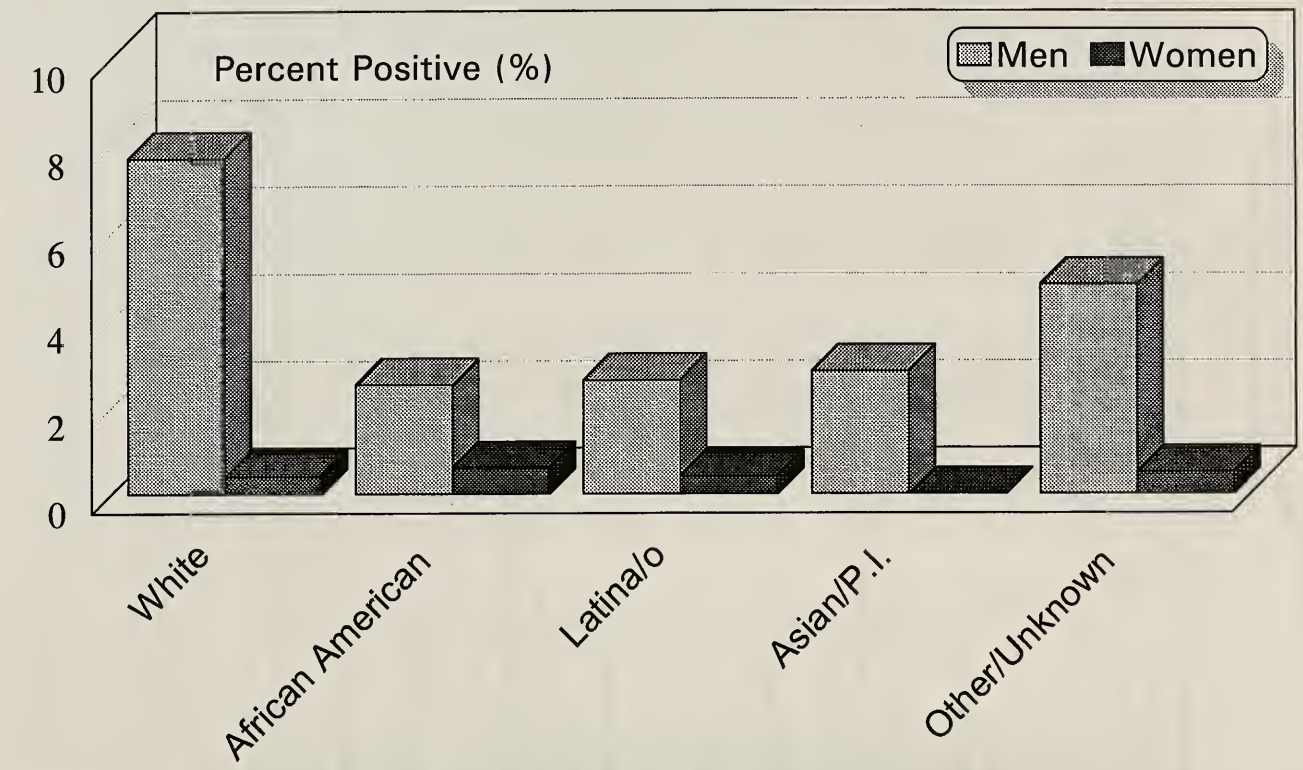
Gender and Race/Ethnicity	Number Tested 1995	Number Positive[2] 1995	Prevalence (%)		Percent Change 1994 to 1995
			1994	1995	
MALE					
White	3,031	234	7.2	7.7	6.9
African American	6,557	166	2.8	2.5	-10.7
Latino	4,481	116	2.8	2.6	-7.1
Asian/Pacific Islander	432	12	2.1	2.8	33.3
American Indian/Alaskan Native	26	1	12.3	a	a
None of the Above	294	14	1.5	4.8	220.0
Sub-Total MALE	14,821	543	3.7	3.7	-
FEMALE					
White	1,239	5	0.3	0.4	33.3
African American	3,442	22	0.6	0.6	-
Latina	2,667	11	0.3	0.4	33.3
Asian/Pacific Islander	270	0	0.0	0.0	-
American Indian/Alaskan Native	28	1	a	a	a
None of the Above	193	1	1.1	0.5	-54.5
Sub-Total FEMALE	7,839	40	0.4	0.5	25.0
Missing Gender	96	9	a	9.4	a
Total	22,756	592	2.5	2.6	4.0

[1]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2]All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 2. HIV-1 Seroprevalence Among Clients Attending STD Clinics
in Selected California Counties and Cities
by Gender and Race/Ethnicity
1995



Note: Excludes American Indian/Alaskan Native race/ethnicity.

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Table 5.
HIV-1 Seroprevalence for Clients
Attending Sexually Transmitted Disease (STD)[1] Clinics
Selected California Counties and Cities
by Gender and Age-Group
1994 - 1995

Gender and Age Group	Number Tested 1995	Number Positive[2] 1995	Prevalence (%)		Percent Change 1994 to1995
			1994	1995	
MALE					
19 and Under	1,312	5	0.1	0.4	300.0
20-24	3,496	38	1.0	1.1	10.0
25-29	3,462	101	3.7	2.9	-21.6
30-34	2,475	159	6.1	6.4	4.9
35-39	1,709	112	7.2	6.6	-8.3
40-44	1,093	78	5.9	7.1	20.3
45 and Over	1,226	50	4.9	4.1	-16.3
Unknown	48	0	a	a	a
Sub-Total MALE	14,821	543	3.7	3.7	-
FEMALE					
19 and Under	1,483	4	0.2	0.3	50.0
20-24	1,799	9	0.4	0.5	25.0
25-29	1,516	10	0.4	0.7	75.0
30-34	1,159	4	0.3	0.3	-
35-39	880	7	0.9	0.8	-11.1
40-44	516	3	0.7	0.6	-14.3
45 and Over	466	3	0.3	0.6	100.0
Unknown	20	0	a	a	a
Sub-Total FEMALE	7,839	40	0.4	0.5	25.0
Missing Gender	96	9	a	9.4	a
Total	22,756	592	2.5	2.6	4.0

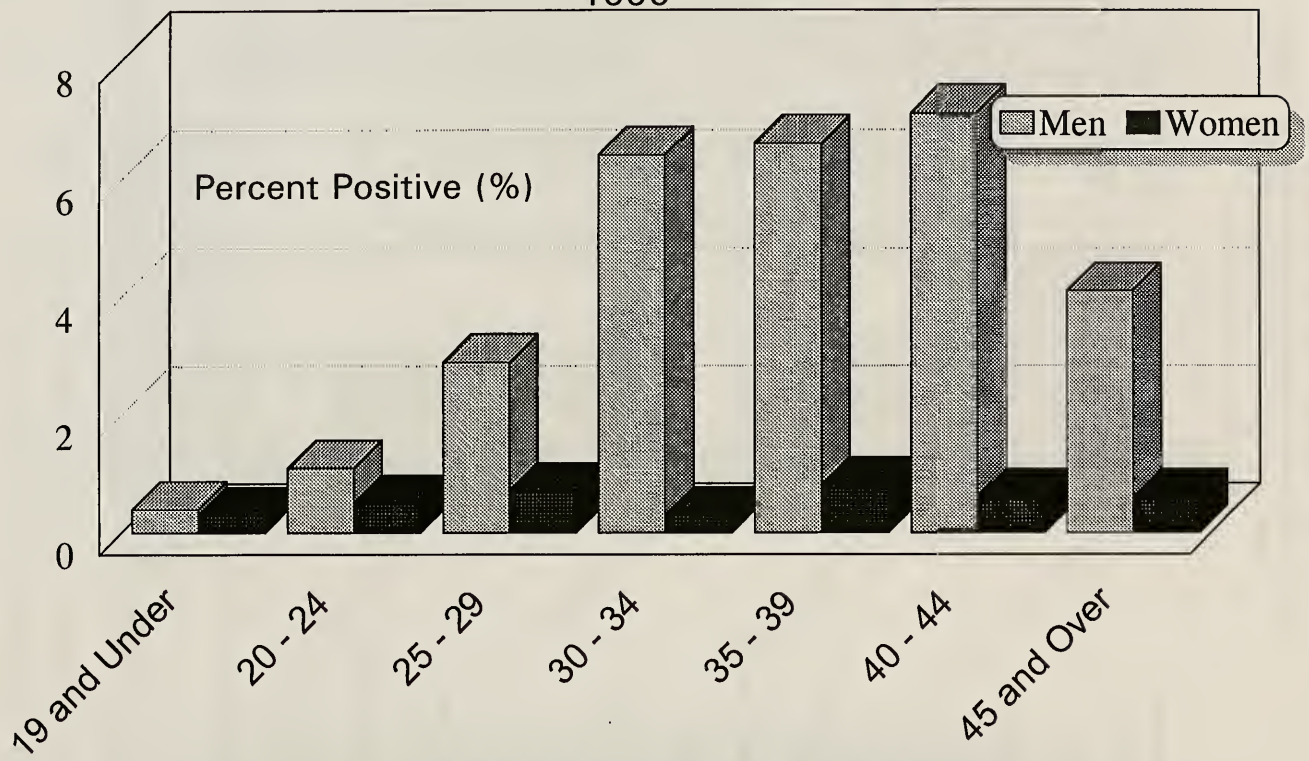
[1]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2]All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 3. HIV-1 Seroprevalence Among Clients Attending STD Clinics

in Selected California Counties and Cities
by Gender and Age Group
1995



Note: Excludes Unknown age group.

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Table 6.
HIV-1 Seroprevalence for MSM and Bisexual Men[1]
Attending Sexually Transmitted Disease (STD)[2] Clinics
Selected California Counties and Cities
by Race/Ethnicity
1994-1995

Race/Ethnicity	Number Tested 1995	Number Positive[3] 1995	Prevalence (%)		Percent Change 1994 to 1995
			1994	1995	
White	767	177	26.6	23.1	-13.2
African American	314	87	37.0	27.7	-25.1
Latino	391	66	25.0	16.9	-32.4
Asian/Pacific Islander	61	11	15.9	18.0	13.2
American Indian/Alaskan Native	4	1	47.4	a	a
None of the Above[4]	32	10	11.5	31.3	172.2
Total	1,569	352	27.8	22.4	-19.4

[1]Includes homosexual/bisexual men who have a history of injection drug use (IDU) since 1978.

[2]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifers were removed.

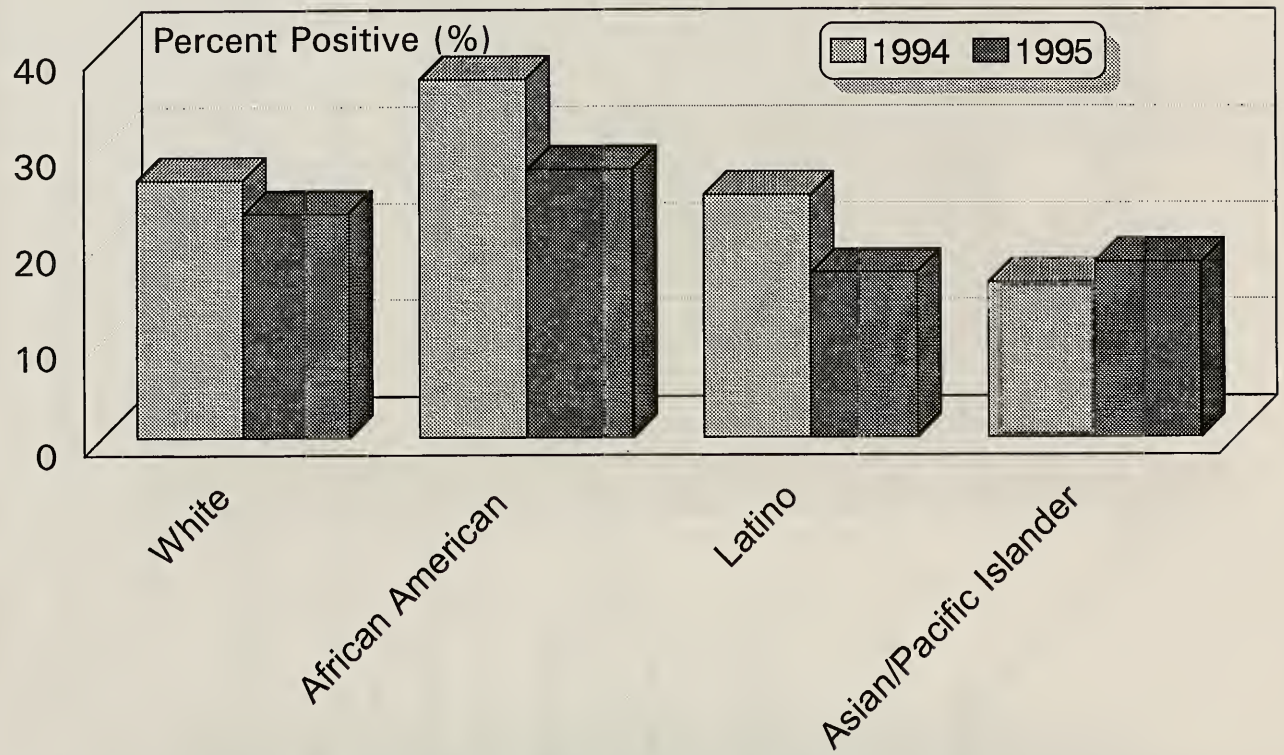
[3]All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[4]Includes other race, unknown race and unknown gender.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 4. HIV-1 Seroprevalence Among MSM and Bisexual Men

Attending STD Clinics in Selected California Counties and Cities by Race/Ethnicity 1994 - 1995



Note: Excludes American Indian/Alaskan Native, Other/Unknown race/ethnicity.

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Table 7.
HIV-1 Seroprevalence for MSM and Bisexual Men[1]
Attending Sexually Transmitted Disease (STD)[2] Clinics
Selected California Counties and Cities
by Age-Group
1994-1995

Age Group	Number Tested 1995	Number Positive[3] 1995	Prevalence (%)		Percent Change 1994 to 1995
			1994	1995	
19 and Under	54	0	a	a	a
20-24	216	25	13.3	11.6	-12.8
25-29	384	69	25.6	18.0	-29.7
30-34	344	106	32.3	30.8	-4.6
35-39	226	76	38.7	33.6	-13.2
40-44	175	43	36.5	24.6	-32.6
45 and Over	165	32	24.6	19.4	-21.1
Unknown[4]	5	1	a	a	a
Total	1,569	352	27.8	22.4	-19.4

[1]Includes homosexual/bisexual men who have a history of injection drug use (IDU) since 1978.

[2]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifers were removed.

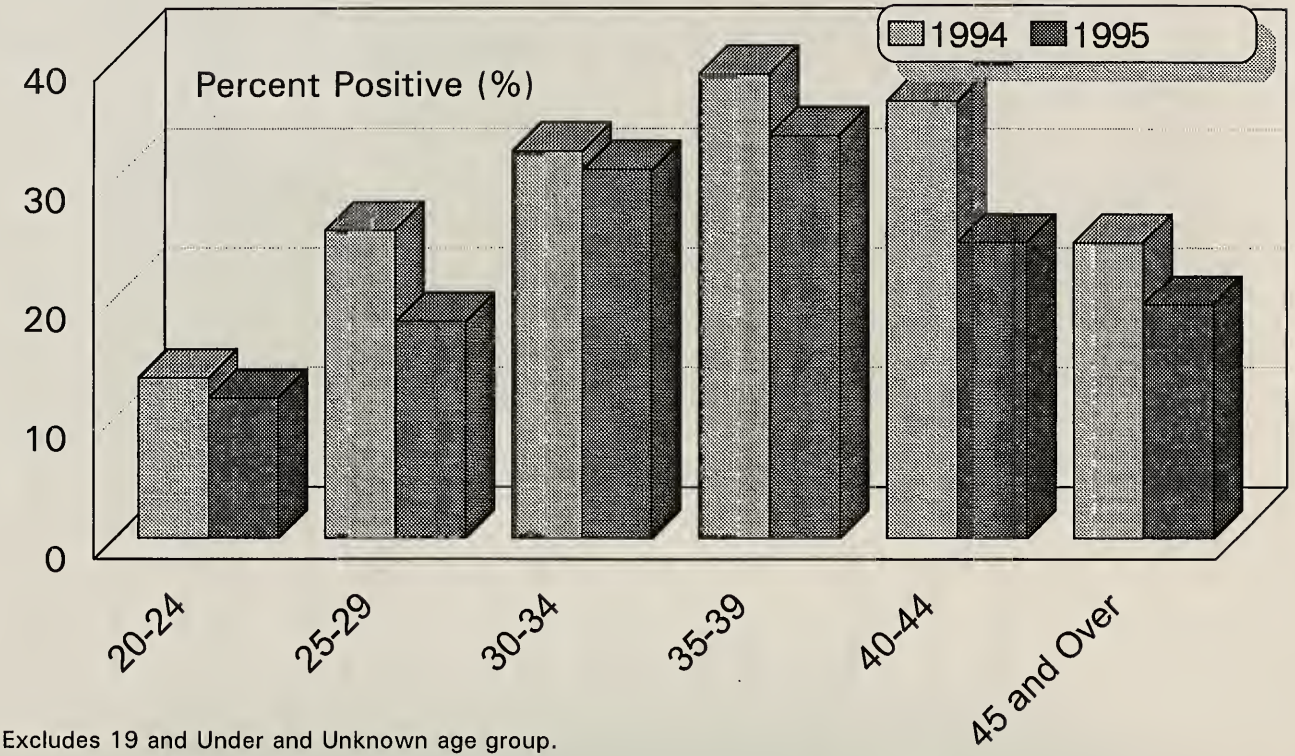
[3]All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[4]Includes unknown age and unknown gender.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 5. HIV-1 Seroprevalence Among MSM and Bisexual Men

Attending STD Clinics in Selected California Counties and Cities by Age Group 1994 - 1995



Note: Excludes 19 and Under and Unknown age group.

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Table 8.
HIV-1 Seroprevalence for Heterosexual Males[1]
Attending Sexually Transmitted Disease (STD)[2] Clinics
Selected California Counties and Cities
by Race/Ethnicity
1994-1995

Race/Ethnicity	Number Tested 1995	Number Positive[3] 1995	Prevalence (%)		Percent Change 1994 to 1995
			1994	1995	
White	2,023	18	1.1	0.9	-18.2
African American	5,918	61	1.2	1.0	-16.7
Latino	3,866	33	1.0	0.9	-10.0
Asian/Pacific Islander	324	1	0.2	0.3	50.0
American Indian/Alaskan Native	18	0	a	a	a
None of the Above[4]	236	3	0.4	1.3	225.0
Total	12,385	116	1.1	0.9	-18.2

[1]Includes sex contact unknown risk and IDU heterosexuals.

[2]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifers were removed.

[3]All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[4]Includes other race and unknown race.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Table 9.
HIV-1 Seroprevalence for Heterosexual Females[1]
Attending Sexually Transmitted Disease (STD)[2] Clinics
Selected California Counties and Cities
by Race/Ethnicity
1994-1995

Race/Ethnicity	Number Tested 1995	Number Positive[3] 1995	Prevalence (%)		Percent Change 1994 to 1995
			1994	1995	
White	1,091	5	0.3	0.5	66.7
African American	3,139	18	0.5	0.6	20.0
Latino	2,464	8	0.3	0.3	-
Asian/Pacific Islander	235	0	0.0	0.0	-
American Indian/Alaskan Native	25	1	a	a	a
None of the Above[4]	164	1	0.0	0.6	b
Total	7,118	33	0.4	0.5	25.0

[1]Includes sex contact unknown risk and IDU heterosexuals.

[2]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifers were removed.

[3]All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[4]Includes other race and unknown race.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

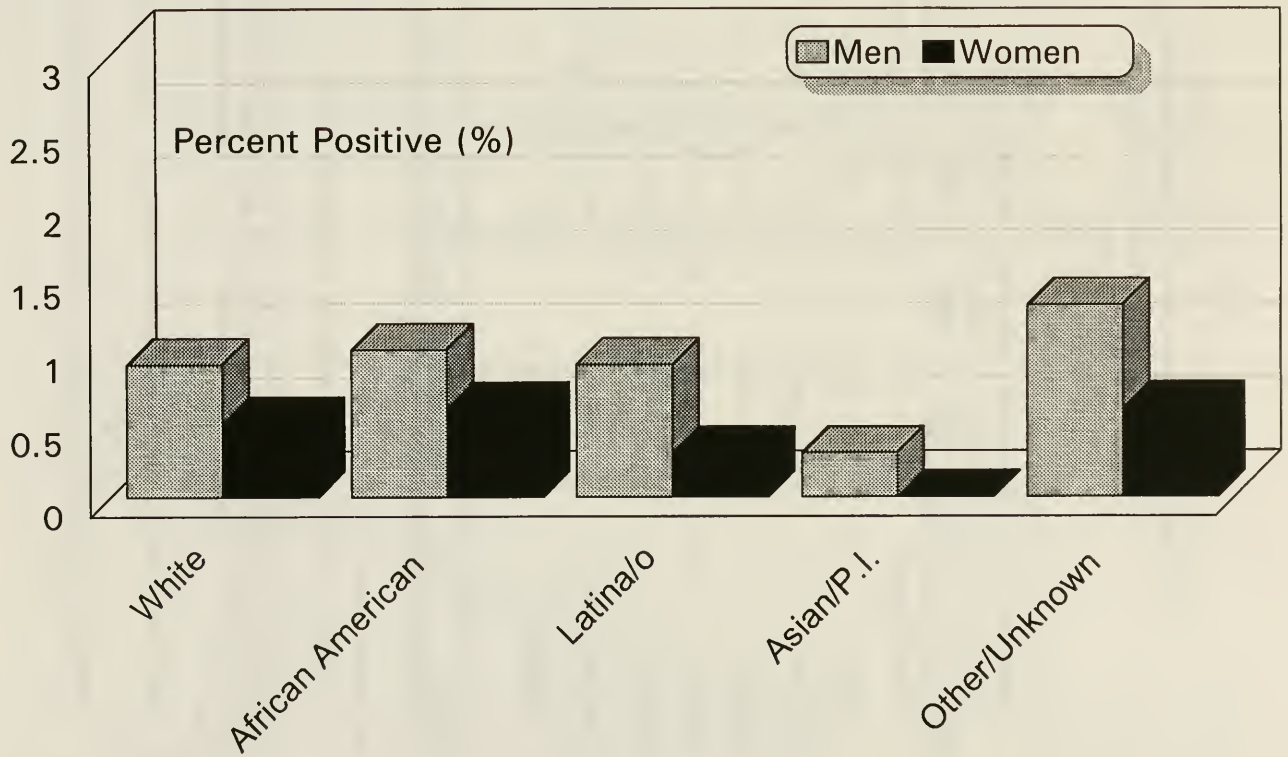
[b]Not applicable.

Figure 6. HIV-1 Seroprevalence Among Heterosexuals

Attending STD Clinics in Selected California Counties and Cities

by Gender and Race/Ethnicity

1995



Note: Excludes American Indian/Alaskan Native race/ethnicity.

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Table 10.
HIV-1 Seroprevalence for Heterosexual Males[1] Attending Sexually Transmitted Disease (STD)[2] Clinics Selected California Counties and Cities by Age-Group 1994-1995

Age Group	Number Tested 1995	Number Positive[3] 1995	Prevalence (%)		Percent Change 1994 to 1995
			1994	1995	
19 and Under	1,213	4	0.1	0.3	200.0
20-24	3,138	10	0.3	0.3	-
25-29	2,866	18	1.1	0.6	-45.5
30-34	1,979	33	1.9	1.7	-10.5
35-39	1,366	25	2.1	1.8	-14.3
40-44	826	18	1.2	2.2	83.3
45 and Over	955	8	1.4	0.8	-42.9
Unknown	42	0	a	a	a
Total	12,385	116	1.1	0.9	-18.2

[1]Includes sex contact unknown risk and IDU heterosexuals.

[2]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifers were removed.

[3]All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Table 11.
HIV-1 Seroprevalence for Heterosexual Females[1]
Attending Sexually Transmitted Disease (STD)[2] Clinics
Selected California Counties and Cities
by Age-Group
1994-1995

Age Group	Number Tested 1994	Number Positive[3] 1995	Prevalence (%)		Percent Change 1994 to 1995
			1994	1995	
19 and Under	1,403	3	0.2	0.2	-
20-24	1,661	7	0.4	0.4	-
25-29	1,367	7	0.4	0.5	25.0
30-34	1,036	3	0.1	0.3	200.0
35-39	789	7	0.8	0.9	12.5
40-44	456	3	0.6	0.7	16.7
45 and Over	388	3	0.2	0.8	300.0
Unknown	18	0	a	a	a
Total	7,118	33	0.4	0.5	25.0

[1]Includes sex contact unknown risk and IDU heterosexuals.

[2]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifers were removed.

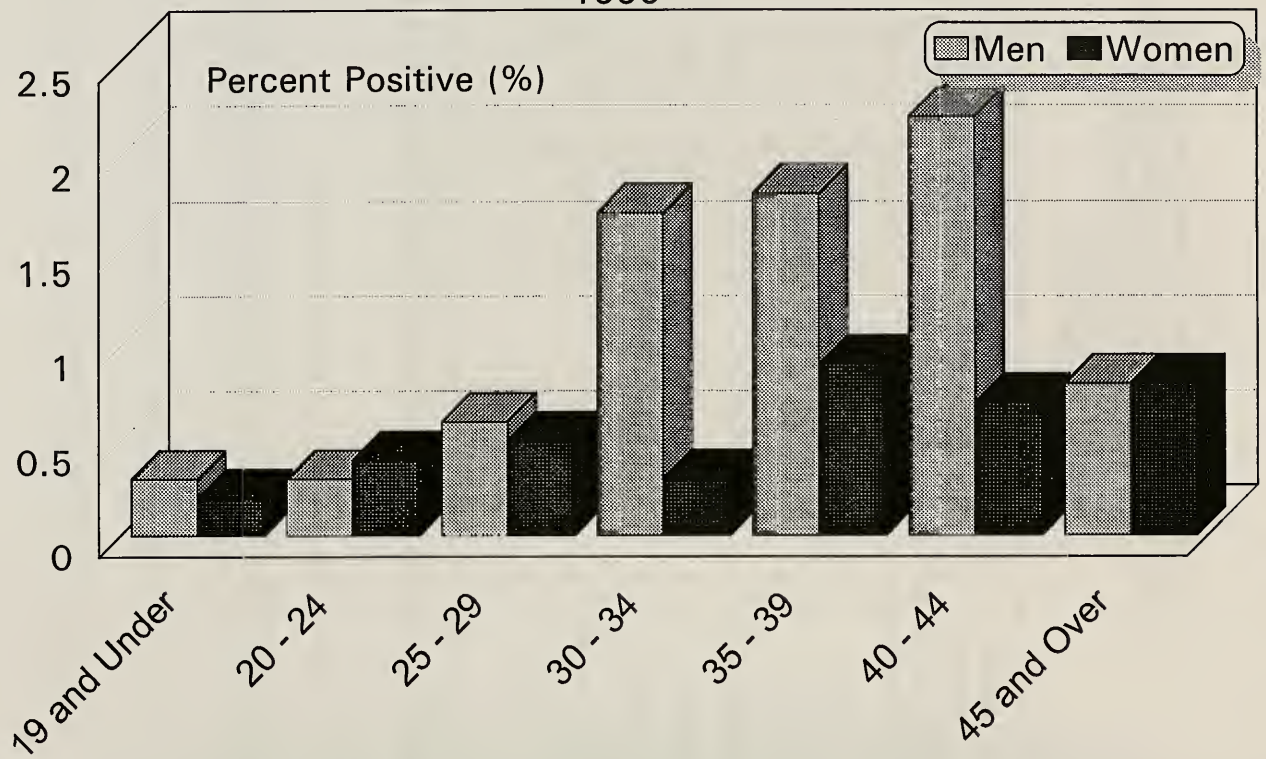
[3]All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 7. HIV-1 Seroprevalence Among Heterosexuals

Attending STD Clinics in Selected California Counties and Cities by Gender and Age Group

1995



Note: Excludes Unknown age group.

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Table 12.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics by Transmission, Race/Ethnicity, and Age Group Category
Fresno County, January-June 1995

Mode of Transmission/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Transmission Category	MSM/Bisexual	0	0	a	b	b	b
	MSM/Bisexual/IDU[3]	0	0	a	b	b	b
	Heterosexual IDU[3]	0	0	a	0	0	a
	Sex Partner Risk HIV	0	0	a	0	0	a
	Blood Recipient[4]	0	0	a	0	0	a
	Heterosexual	352	2	0.6	145	1	0.7
	Unknown Risk	3	0	a	1	0	a
Race/Ethnicity	White	54	0	a	28	0	a
	African American	66	1	a	24	0	a
	Latino/Latina	219	1	0.5	85	1	a
	Asian/Pacific Am	15	0	a	9	0	a
	Native American	0	0	a	0	0	a
	Other/Unknown	1	0	a	0	0	a
Age Group	19 and Under	63	0	a	43	0	a
	20-24	98	0	a	34	1	a
	25-29	71	1	a	26	0	a
	30-34	55	1	a	13	0	a
	35-39	28	0	a	10	0	a
	40-44	16	0	a	9	0	a
	45 and Over	24	0	a	11	0	a
	Unknown	0	0	a	0	0	a
Total		355	2	0.6	146	1	0.7

[1]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2]All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[3]Includes persons with a history of injection drug use (IDU) since January 1978.

[4]Includes persons with a history of blood transfusion(s) between January 1977 and March 1985.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b]Not applicable.

Table 13.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics by Transmission, Race/Ethnicity, and Age Group Category
Kern County, January-June 1995

Mode of Transmission/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Transmission Category	MSM/Bisexual	5	2	a	b	b	b
	MSM/Bisexual/IDU[3]	0	0	a	b	b	b
	Heterosexual IDU[3]	5	0	a	5	0	a
	Sex Partner Risk HIV	3	0	a	4	0	a
	Blood Recipient[4]	0	0	a	1	0	a
	Heterosexual	250	2	0.8	202	1	0.5
	Unknown Risk	6	1	a	9	0	a
Race/Ethnicity	White	65	1	a	80	0	a
	African American	92	1	a	53	1	a
	Latino/Latina	106	3	2.8	79	0	a
	Asian/Pacific Am	2	0	a	2	0	a
	Native American	1	0	a	2	0	a
	Other/Unknown	3	0	a	5	0	a
Age Group	19 and Under	49	0	a	73	0	a
	20-24	63	1	a	43	1	a
	25-29	45	0	a	31	0	a
	30-34	36	2	a	34	0	a
	35-39	25	0	a	12	0	a
	40-44	18	1	a	12	0	a
	45 and Over	25	1	a	10	0	a
	Unknown	8	0	a	6	0	a
Total		269	5	1.9	221	1	0.5

[1]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2]All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[3]Includes persons with a history of injection drug use (IDU) since January 1978.

[4]Includes persons with a history of blood transfusion(s) between January 1977 and March 1985.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b]Not applicable.

Table 14.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics by Transmission, Race/Ethnicity, and Age Group Category
Los Angeles County, January-December 1995

Mode of Transmission/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Transmission Category	MSM/Bisexual	487	67	13.8	b	b	b
	MSM/Bi/IDU[3]	19	2	a	b	b	b
	Lesbian	b	b	b	149	1	0.7
	Lesbian/IDU[3]	b	b	b	15	0	a
	Heterosexual IDU[3]	92	3	a	79	0	a
	Hemophilia	2	0	a	0	0	a
	Sex Partner Risk HIV	87	0	a	51	3	a
	Blood Recipient[4]	56	0	a	82	0	a
	Heterosexual	6,877	53	0.8	4,587	15	0.3
	Unknown Risk	118	6	5.1	129	1	0.8
Race/Ethnicity	White	489	12	2.5	310	1	0.3
	African American	4,519	68	1.5	2,625	9	0.3
	Latino/Latina	2,528	43	1.7	1,974	9	0.5
	Asian/Pacific Am	93	1	a	77	0	a
	Native American	2	1	a	11	0	a
	Other/Unknown	107	6	5.6	95	1	a
Age Group	19 and Under	788	4	0.5	950	1	0.1
	20-24	1,852	12	0.6	1,112	5	0.4
	25-29	1,772	31	1.7	984	6	0.6
	30-34	1,226	33	2.7	787	1	0.1
	35-39	914	26	2.8	615	3	0.5
	40-44	550	20	3.6	340	2	0.6
	45 and Over	636	5	0.8	304	2	0.7
	Unknown	0	0	a	0	0	a
Total		7,738	131	1.7	5,092	20	0.4

[1]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2]All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[3]Includes persons with a history of injection drug use (IDU) since January 1978.

[4]Includes persons with a history of blood transfusion(s) between January 1977 and March 1985.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b]Not applicable.

Table 15.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics by Transmission, Race/Ethnicity, and Age Group Category
Riverside County, January-June 1995

Mode of Transmission/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Transmission Category	MSM/Bisexual	6	0	a	b	b	b
	MSM/Bi/IDU[3]	0	0	a	b	b	b
	Heterosexual IDU[3]	1	0	a	2	0	a
	Sex Partner Risk HIV	1	0	a	0	0	a
	Blood Recipient[4]	1	0	a	0	0	a
	Heterosexual	115	1	0.9	84	0	a
	Unknown Risk	9	0	a	2	0	a
Race/Ethnicity	White	27	0	a	20	0	a
	African American	14	1	a	8	0	a
	Latino/Latina	48	0	a	27	0	a
	Asian/Pacific Am	1	0	a	0	0	a
	Native American	1	0	a	0	0	a
	Other/Unknown	42	0	a	33	0	a
Age Group	19 and Under	15	0	a	11	0	a
	20-24	45	0	a	33	0	a
	25-29	25	0	a	12	0	a
	30-34	18	0	a	13	0	a
	35-39	11	0	a	6	0	a
	40-44	6	1	a	8	0	a
	45 and Over	9	0	a	3	0	a
	Unknown	4	0	a	2	0	a
Total		133	1	0.8	88	0	a

[1]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2]All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[3]Includes persons with a history of injection drug use (IDU) since January 1978.

[4]Includes persons with a history of blood transfusion(s) between January 1977 and March 1985.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b]Not applicable.

Table 16.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics by Transmission, Race/Ethnicity, and Age Group Category Sacramento County, January-June 1995

Mode of Transmission/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Transmission Category	MSM/Bisexual	5	0	a	b	b	b
	MSM/Bi/IDU[3]	0	0	a	b	b	b
	Heterosexual IDU[3]	7	0	a	2	0	a
	Sex Partner Risk HIV	1	0	a	3	0	a
	Blood Recipient[4]	0	0	a	0	0	a
	Heterosexual	288	4	1.4	183	0	0.0
	Unknown Risk	7	0	a	3	0	a
Race/Ethnicity	White	121	1	0.8	84	0	a
	African American	120	3	2.5	57	0	a
	Latino/Latina	41	0	a	41	0	a
	Asian/Pacific Am	15	0	a	7	0	a
	Native American	2	0	a	2	0	a
	Other/Unknown	9	0	a	0	0	a
Age Group	19 and Under	43	0	a	54	0	a
	20-24	99	2	a	38	0	a
	25-29	51	1	a	45	0	a
	30-34	53	0	a	15	0	a
	35-39	33	0	a	17	0	a
	40-44	16	1	a	14	0	a
	45 and Over	12	0	a	8	0	a
	Unknown	1	0	a	0	0	a
Total		308	4	1.3	191	0	0.0

[1]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2]All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[3]Includes persons with a history of injection drug use (IDU) since January 1978.

[4]Includes persons with a history of blood transfusion(s) between January 1977 and March 1985.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b]Not applicable.

Table 17.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics by Transmission, Race/Ethnicity, and Age Group Category
San Bernardino County, January-June 1995

Mode of Transmission/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Transmission Category	MSM/Bisexual	15	1	a	b	b	b
	MSM/Bi/IDU[3]	0	0	a	b	b	b
	Heterosexual IDU[3]	5	0	a	4	0	a
	Sex Partner Risk HIV	13	0	a	12	0	a
	Blood Recipient[4]	1	0	a	2	0	a
	Heterosexual	262	1	0.4	178	0	0.0
	Unknown Risk	5	0	a	2	0	a
Race/Ethnicity	White	77	1	a	57	0	a
	African American	101	0	0.0	56	0	a
	Latino/Latina	111	0	0.0	70	0	a
	Asian/Pacific Am	5	0	a	12	0	a
	Native American	0	0	a	0	0	a
	Other/Unknown	7	1	a	3	0	a
Age Group	19 and Under	28	0	a	35	0	a
	20-24	85	0	a	49	0	a
	25-29	80	0	a	42	0	a
	30-34	46	2	a	27	0	a
	35-39	25	0	a	17	0	a
	40-44	10	0	a	15	0	a
	45 and Over	14	0	a	10	0	a
	Unknown	13	0	a	3	0	a
Total		301	2	0.7	198	0	0.0

[1]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2]All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[3]Includes persons with a history of injection drug use (IDU) since January 1978.

[4]Includes persons with a history of blood transfusion(s) between January 1977 and March 1985.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b]Not applicable.

Table 18.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics by Transmission, Race/Ethnicity, and Age Group Category
San Diego County, January-June 1995

Mode of Transmission/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Transmission Category	MSM/Bisexual	45	13	30.2	b	b	b
	MSM/Bi/IDU[3]	1	0	a	b	b	b
	Heterosexual IDU[3]	0	0	a	1	0	a
	Sex Partner Risk HIV	0	0	a	0	0	a
	Blood Recipient[4]	0	0	a	0	0	a
	Heterosexual	372	2	0.5	125	0	0.0
	Unknown Risk	21	2	a	26	0	a
Race/Ethnicity	White	189	12	6.3	64	0	a
	African American	124	4	3.2	34	0	a
	Latino/Latina	109	1	0.9	41	0	a
	Asian/Pacific Am	8	0	a	4	0	a
	Native American	1	0	a	0	0	a
	Other/Unknown	8	0	a	9	0	a
Age Group	19 and Under	10	0	a	14	0	a
	20-24	119	1	0.8	37	0	a
	25-29	98	5	5.1	32	0	a
	30-34	90	5	5.6	24	0	a
	35-39	49	4	8.2	14	0	a
	40-44	35	1	a	14	0	a
	45 and Over	37	1	a	14	0	a
	Unknown	1	0	a	3	0	a
Total		439	17	3.9	152	0	0.0

[1]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2]All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[3]Includes persons with a history of injection drug use (IDU) since January 1978.

[4]Includes persons with a history of blood transfusion(s) between January 1977 and March 1985.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b]Not applicable.

Table 19.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics by Transmission, Race/Ethnicity, and Age Group Category
San Francisco County, January-December 1995

Mode of Transmission/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Transmission Category	MSM/Bisexual	793	222	28.0	b	b	b
	MSM/Bi/IDU[3]	81	23	28.4	b	b	b
	Heterosexual IDU[3]	120	10	8.3	64	3	a
	Sex Partner Risk HIV	83	2	a	54	1	a
	Blood Recipient[4]	0	0	a	0	0	a
	Heterosexual	1,724	26	1.5	613	9	1.5
	Unknown Risk	354	63	17.8	105	0	0.0
Race/Ethnicity	White	1,322	194	14.7	275	3	1.1
	African American	872	71	8.1	251	8	3.2
	Latino/Latina	661	65	9.8	170	1	0.6
	Asian/Pacific Am	199	9	4.5	101	0	0.0
	Native American	14	0	a	8	1	a
	Other/Unknown	87	7	8.0	31	0	a
Age Group	19 and Under	126	1	0.8	128	3	2.3
	20-24	578	18	3.1	228	2	0.9
	25-29	848	55	6.5	182	3	1.6
	30-34	609	106	17.4	115	0	0.0
	35-39	415	77	18.6	100	4	4.0
	40-44	289	49	17.0	44	1	a
	45 and Over	290	40	13.8	39	0	a
	Unknown	0	0	a	0	0	a
Total		3,155	346	11.0	836	13	1.6

[1]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2]All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[3]Includes persons with a history of injection drug use (IDU) since January 1978.

[4]Includes persons with a history of blood transfusion(s) between January 1977 and March 1985.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b]Not applicable.

Table 20.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics by Transmission, Race/Ethnicity, and Age Group Category
San Joaquin County, January-June 1995

Mode of Transmission/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Transmission Category	MSM/Bisexual	3	0	a	b	b	b
	MSM/Bi/IDU[3]	0	0	a	b	b	b
	Heterosexual IDU[3]	1	0	a	2	0	a
	Hemophilia	0	0	a	0	0	a
	Sex Partner Risk HIV	0	0	a	1	0	a
	Blood Recipient[4]	0	0	a	1	0	a
	Heterosexual	361	2	0.6	117	0	0.0
	Unknown Risk	6	0	a	6	0	a
Race/Ethnicity	White	77	1	a	33	0	a
	African American	65	1	a	34	0	a
	Latino/Latina	210	0	0.0	50	0	a
	Asian/Pacific Am	12	0	a	8	0	a
	Native American	0	0	a	0	0	a
	Other/Unknown	7	0	a	2	0	a
Age Group	19 and Under	50	0	a	21	0	a
	20-24	97	0	a	29	0	a
	25-29	71	0	a	24	0	a
	30-34	52	1	a	22	0	a
	35-39	32	0	a	16	0	a
	40-44	23	0	a	8	0	a
	45 and Over	39	1	a	7	0	a
	Unknown	7	0	a	0	0	a
Total		371	2	0.5	127	0	0.0

[1]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2]All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[3]Includes persons with a history of injection drug use (IDU) since January 1978.

[4]Includes persons with a history of blood transfusion(s) between January 1977 and March 1985.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3..

[b]Not applicable.

Table 21.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics by Transmission, Race/Ethnicity, and Age Group Category
San Luis Obispo County, January-June 1995

Mode of Transmission/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Transmission Category	MSM/Bisexual	8	0	a	b	b	b
	MSM/Bi/IDU[3]	0	0	a	b	b	b
	Heterosexual IDU[3]	2	0	a	2	0	a
	Sex Partner Risk HIV	2	0	a	3	0	a
	Blood Recipient[4]	0	0	a	0	0	a
	Heterosexual	180	0	0.0	109	0	0.0
	Unknown Risk	2	0	a	1	0	a
Race/Ethnicity	White	145	0	0.0	81	0	a
	African American	10	0	a	9	0	a
	Latino/Latina	38	0	a	19	0	a
	Asian/Pacific Am	0	0	a	2	0	a
	Native American	0	0	a	3	0	a
	Other/Unknown	1	0	a	1	0	a
Age Group	19 and Under	28	0	a	24	0	a
	20-24	57	0	a	33	0	a
	25-29	37	0	a	15	0	a
	30-34	28	0	a	11	0	a
	35-39	15	0	a	8	0	a
	40-44	13	0	a	10	0	a
	45 and Over	8	0	a	10	0	a
	Unknown	8	0	a	4	0	a
Total		194	0	0.0	115	0	0.0

[1]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2]All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[3]Includes persons with a history of injection drug use (IDU) since January 1978.

[4]Includes persons with a history of blood transfusion(s) between January 1977 and March 1985.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b]Not applicable.

Table 22.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics by Transmission, Race/Ethnicity, and Age Group Category
Santa Clara County, January-December 1995

Mode of Transmission/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Transmission Category	MSM/Bisexual	31	5	16.1	b	b	b
	MSM/Bi/IDU[3]	0	0	a	b	b	b
	Heterosexual IDU[3]	12	0	a	5	0	a
	Sex Partner Risk HIV	33	0	a	16	0	a
	Blood Recipient[4]	0	0	a	0	0	a
	Heterosexual	399	1	0.3	86	0	a
	Unknown Risk	11	1	a	2	0	a
Race/Ethnicity	White	166	3	1.8	42	0	a
	African American	68	3	a	10	0	a
	Latino/Latina	214	1	0.5	42	0	a
	Asian/Pacific Am	36	0	a	14	0	a
	Native American	0	0	a	0	0	a
	Other/Unknown	2	0	a	1	0	a
Age Group	19 and Under	32	0	a	20	0	a
	20-24	132	1	0.8	27	0	a
	25-29	109	0	0.0	18	0	a
	30-34	83	3	a	11	0	a
	35-39	68	2	a	12	0	a
	40-44	26	0	a	9	0	a
	45 and Over	36	1	a	12	0	a
	Unknown	0	0	a	0	0	a
Total		486	7	1.4	109	0	0.0

[1]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2]All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[3]Includes persons with a history of injection drug use (IDU) since January 1978.

[4]Includes persons with a history of blood transfusion(s) between January 1977 and March 1985.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3..

[b]Not applicable.

Table 23.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics by Transmission, Race/Ethnicity, and Age Group Category
Solano County, January-June 1995

Mode of Transmission/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Transmission Category	MSM/Bisexual	3	0	a	b	b	b
	MSM/Bi/IDU[3]	0	0	a	b	b	b
	Heterosexual IDU[3]	1	0	a	0	0	a
	Sex Partner Risk HIV	2	0	a	2	0	a
	Blood Recipient[4]	0	0	a	0	0	a
	Heterosexual	185	1	0.5	132	1	0.8
	Unknown Risk	1	0	a	1	0	a
Race/Ethnicity	White	51	0	a	37	0	a
	African American	80	1	a	66	1	a
	Latino/Latina	52	0	a	23	0	a
	Asian/Pacific Am	8	0	a	7	0	a
	Native American	0	0	a	1	0	a
	Other/Unknown	1	0	a	1	0	a
Age Group	19 and Under	27	0	a	27	0	a
	20-24	46	0	a	26	0	a
	25-29	44	0	a	26	0	a
	30-34	35	0	a	23	1	a
	35-39	11	0	a	8	0	a
	40-44	13	1	a	13	0	a
	45 and Over	12	0	a	10	0	a
	Unknown	4	0	a	2	0	a
Total		192	1	0.5	135	1	0.7

[1]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2]All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[3]Includes persons with a history of injection drug use (IDU) since January 1978.

[4]Includes persons with a history of blood transfusion(s) between January 1977 and March 1985.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3..

[b]Not applicable.

Table 24.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics by Transmission, Race/Ethnicity, and Age Group Category
Long Beach City, January-June 1995

Mode of Transmission/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Transmission Category	MSM/Bisexual	16	5	31.3	b	b	b
	MSM/Bi/IDU[3]	0	0	a	b	b	b
	Heterosexual IDU[3]	0	0	a	1	0	a
	Sex Partner Risk HIV	1	0	a	0	0	a
	Blood Recipient[4]	1	0	a	0	0	a
	Heterosexual	246	4	1.6	222	1	0.5
	Unknown Risk	8	0	a	2	0	a
Race/Ethnicity	White	57	3	5.3	49	0	a
	African American	123	3	2.4	118	1	0.8
	Latino/Latina	68	2	2.9	39	0	a
	Asian/Pacific Am	21	1	a	18	0	a
	Native American	0	0	a	0	0	a
	Other/Unknown	3	0	a	1	0	a
Age Group	19 and Under	20	0	a	42	0	a
	20-24	79	2	2.5	63	0	a
	25-29	59	4	6.8	46	1	a
	30-34	40	2	a	31	0	a
	35-39	24	1	a	24	0	a
	40-44	16	0	a	5	0	a
	45 and Over	34	0	a	14	0	a
	Unknown	0	0	a	0	0	a
Total		272	9	3.3	225	1	0.4

[1]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2]All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[3]Includes persons with a history of injection drug use (IDU) since January 1978.

[4]Includes persons with a history of blood transfusion(s) between January 1977 and March 1985.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b]Not applicable.

Table 25.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics by Transmission, Race/Ethnicity, and Age Group Category
Berkeley City, January-December 1995

Mode of Transmission/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Transmission Category	MSM/Bisexual	44	8	18.2	b	b	b
	MSM/Bi/IDU[3]	6	3	a	b	b	b
	Heterosexual IDU[3]	38	0	a	10	0	a
	Sex Partner Risk HIV	26	1	a	33	1	a
	Blood Recipient[4]	2	0	a	0	0	a
	Heterosexual	490	4	0.8	158	2	1.3
	Unknown Risk	2	0	a	3	0	a
Race/Ethnicity	White	191	6	3.1	79	1	a
	African American	303	9	3.0	97	2	a
	Latino/Latina	76	0	a	7	0	a
	Asian/Pacific Am	17	1	a	9	0	a
	Native American	5	0	a	1	0	a
	Other/Unknown	16	0	a	11	0	a
Age Group	19 and Under	33	0	a	41	0	a
	20-24	146	1	0.7	47	0	a
	25-29	152	4	2.6	33	0	a
	30-34	104	4	3.8	33	2	a
	35-39	59	2	a	21	0	a
	40-44	62	4	6.5	15	0	a
	45 and Over	50	1	a	14	1	a
	Unknown	2	0	a	0	0	a
Total		608	16	2.6	204	3	1.5

[1]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2]All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[3]Includes persons with a history of injection drug use (IDU) since January 1978.

[4]Includes persons with a history of blood transfusion(s) between January 1977 and March 1985.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b]Not applicable.

DRUG TREATMENT CENTERS

SURVEYS OF ADULTS IN DRUG TREATMENT CENTERS (DTC)

The seroprevalence survey in drug treatment centers (DTC) includes persons who enter participating DTC and who report injecting illicit drugs during the previous year. During 1995, unlinked (blinded) surveys to determine rates of HIV-1 infection among DTC clients were conducted in 8 centers in five local health departments[1]. *San Francisco* is no longer participating in this survey. In order to make comparisons *San Francisco* was also dropped from 1994 data. In all, 2,201 serum samples were tested during 1995. The seroprevalence for all centers decreased from 3.3 percent in 1994[2] to 3.0 percent in 1995 (Table 26).

HIV seroprevalence among injection drug users (IDUs) in selected California counties ranged from a high of 5.6 percent in *Alameda* to a low of 0.9 percent in *Los Angeles*. Compared to the previous year, seroprevalence remained the same in *Los Angeles* and decreased in all other participating counties (Table 26, Figure 8).

Among gender and transmission categories between 1994 and 1995, there were increases for both men and women with *heterosexual orientation* (Table 27). Men represented 65.0 percent (1,431) of the total DTC population of which 2.4 percent were HIV seropositive, down from 3.0 in 1994. Women represented 34.8 percent (765) of the total DTC population of which 32 (4.2 percent) were HIV seropositive, up from 3.6 in 1994.

Table 28 and Figure 9 show the seroprevalence among gender and race/ethnicity categories and the changes in these rates between 1994 and 1995. During 1995, 48.9 percent (1,076) of the specimens tested in DTC were of *White* origin; 27.5 percent (605) of *Latinas/os* origin; 19.5 percent (430) of *African American* origin; 1.1 percent (24) of *American Indian/Alaskan Native* origin; and 0.8 percent (17) of *Asian/Pacific Islander* origin. During 1995 the seroprevalence for both *White* men and women was 1.6 percent, up 14.3 percent for men, and 77.8 percent for women when compared to 1994. HIV seroprevalence was highest among *African American* men and women (7.9 percent and 14.5 percent, respectively). *African American* men and women showed a decrease when compared to 1994 (down 30.7 percent and 7.1 percent, respectively). The seroprevalence for *Latino* men showed a slight increase from 1994 at 0.7 percent. The seroprevalence for *Latina* women increased from 1.1 percent in 1994 to 1.3 percent in 1995.

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[1]Alameda, Contra Costa, Los Angeles, San Diego, and Santa Clara.

[2]All 1994 data from: State of California, Department of Health Services, Office of AIDS, HIV/AIDS Epidemiology Branch, California HIV Seroprevalence Annual Report 1994, July 1996.

Table 29 and Figure 10 show that seroprevalences were highest among men in age group *35 - 39* (4.1 percent) and in women *25 - 29* (5.7 percent). Compared to 1994, men in age group *35 - 39* showed an increase (70.8 percent). Among women, age groups *40 - 44* and *45 and Over* showed an increase (23.8 and 38.1 percent, respectively). Remaining age groups showed a decrease in seroprevalence compared to 1995.

Tables 30 through 34 present seroprevalence data from the sentinel sites by sexual orientation, race/ethnicity, and age group.

Table 26.
HIV-1 Seroprevalence for Injection Drug Users Entering Drug Treatment Centers (DTC)[1] Selected California Counties 1994 - 1995

Selected Counties	Number Tested 1995	Number Positive[2] 1995	Prevalence (%)		Percent Change 1994 to 1995
			1994	1995	
Alameda	450	25	7.1	5.6	-21.1
Contra Costa	520	28	5.7	5.4	-5.3
Los Angeles	883	8	0.9	0.9	-
San Diego	98	1	a	b	b
San Francisco	c	c	10.3	c	c
Santa Clara	250	5	2.3	2.0	-13.0
Total	2,201	67	3.3	3.0	-9.1

[1]Includes persons entering methadone treatment who have a history of injection drug use (IDU) since 1978. Excludes persons with a prior admission to treatment during the survey period, and persons who were preferentially admitted to treatment due to HIV/AIDS. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

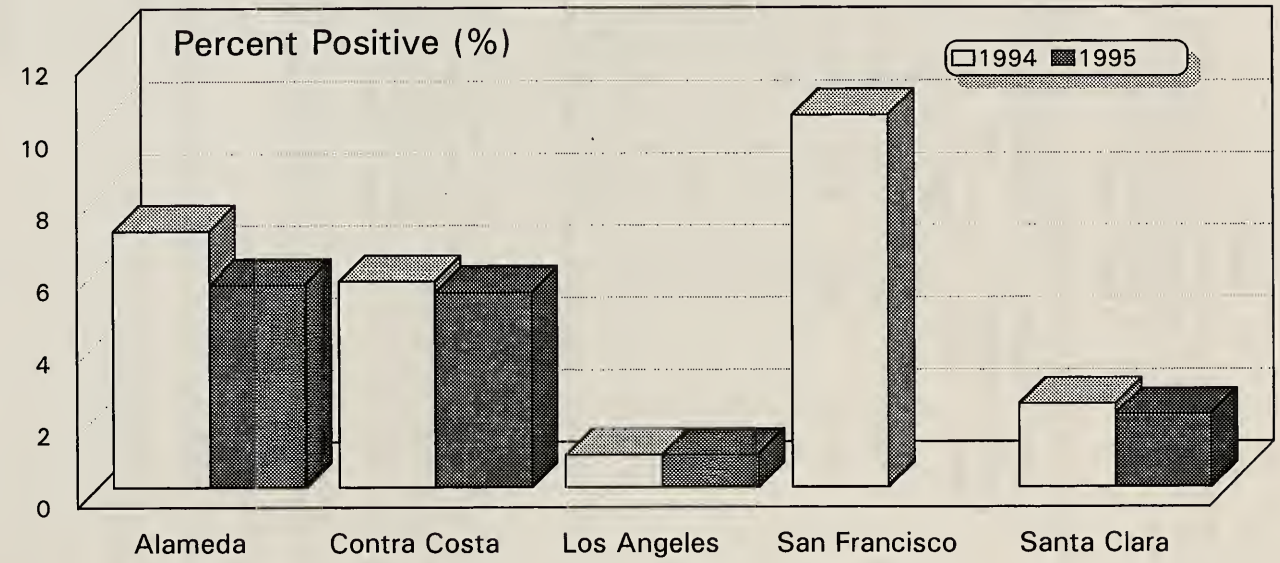
[2]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorencence Assay (IFA).

[a]Data collection for 1994 was not available.

[b]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[c]Data collection for this site has been discontinued. In order to make comparisons the same sites were dropped from the total for 1994.

Figure 8. HIV-1 Seroprevalence for Injection Drug Users
Entering Drug Treatment Centers (DTC)
in Selected California Counties
1994 - 1995



Note: Data collection for San Francisco has been discontinued for 1995.

California Department of Health Services
Office of AIDS, 1997

Table 27.
HIV-1 Seroprevalence for Injection Drug Users
Entering Drug Treatment Centers (DTC)[1]
Selected California Counties and Cities
by Gender and Transmission Category
1994 - 1995

Gender and Sexual Orientation	Number Tested 1995	Number Positive[2] 1995	Prevalence (%)		Percent Change 1994 to 1995
			1994	1995	
MALE					
MSM/Bisexual	27	2	a	a	a
Heterosexual	1,261	31	2.9	2.5	2.5
Unknown Orientation	143	2	3.7	1.4	-62.2
Sub-Total MALE	1,431	35	3.0	2.4	46.7
FEMALE					
Lesbian/Bisexual	69	2	a	a	a
Heterosexual	636	30	3.1	4.7	51.6
Unknown Orientation	60	0	a	a	a
Sub-Total FEMALE	765	32	3.6	4.2	16.7
Missing Gender	5	0	12.1	a	a
Total	2,201	67	3.3	3.0	-9.1

[1]Includes persons entering methadone treatment who have a history of injection drug use (IDU) since 1978. Excludes persons with a prior admission to treatment during the survey period, and persons who were preferentially admitted to treatment due to HIV/AIDS. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed. For glossary of acronyms please see page iv.

[2]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorence Assay (IFA).

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Table 28.
HIV-1 Seroprevalence for Injection Drug Users Entering Drug Treatment Centers (DTC)[1] Selected California Counties and Cities by Gender and Race/Ethnicity 1994 - 1995

Race/Ethnicity	Number Tested 1995	Number Positive[2] 1995	Prevalence (%)		Percent Change 1994 to 1995
			1994	1995	
MALE					
White	641	10	1.4	1.6	14.3
African American	278	22	11.4	7.9	-30.7
Latino	455	3	0.6	0.7	16.7
Asian/Pacific Islander	13	0	a	a	a
American Indian/Alaskan Native	12	0	a	a	a
None of the Above[3]	32	0	a	a	a
Sub-Total MALE	1,431	35	3.0	2.4	-20.0
FEMALE					
White	435	7	0.9	1.6	77.8
African American	152	22	15.6	14.5	-7.1
Latina	150	2	1.1	1.3	18.2
Asian/Pacific Islander	4	0	a	a	a
American Indian/Alaskan Native	12	0	a	a	a
None of the Above[3]	12	1	a	a	a
Sub-Total FEMALE	765	32	3.6	4.2	16.7
Missing Gender	5	0	12.1	a	a
Total	2,201	67	3.3	3.0	-9.1

[1]Includes persons entering methadone treatment who have a history of injection drug use (IDU) since 1978. Excludes persons with a prior admission to treatment during the survey period, and persons who were preferentially admitted to treatment due to HIV/AIDS. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed. For glossary of acronyms please see page iv.

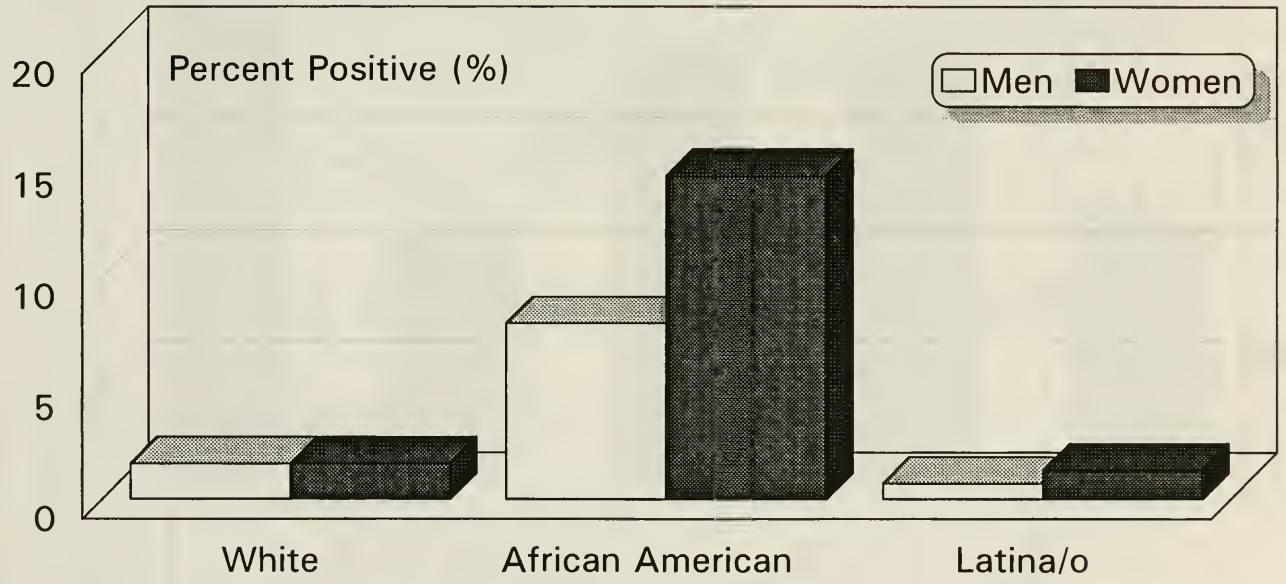
[2]All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[3]Includes other race and unknown race.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 9. HIV-1 Seroprevalence for Injection Drug Users

Entering DrugTreatment Centers (DTC) in Selected California Counties by Gender and Race/Ethnicity 1995



Note: Excludes Asian/Pacific Islander, American Indian/Alaskan Native, and Other/Unknown race/ethnicity.

California Department of Health Services
Office of AIDS, 1997

Table 29.
HIV-1 Seroprevalence for Injection Drug Users Entering Drug Treatment Centers (DTC)[1] Selected California Counties and Cities by Gender and Age Group 1994 - 1995

Age Group	Number Tested 1995	Number Positive[2] 1995	Prevalence (%)		Percent Change 1994 to 1995
			1994	1995	
MALE					
19 and Under	4	0	a	a	a
20 - 24	39	0	a	a	a
25 - 29	99	2	2.0	a	a
30 - 34	174	1	2.0	0.6	-70.0
35 - 39	267	11	2.4	4.1	70.8
40 - 44	360	11	3.7	3.1	-16.2
45 and Over	485	10	3.7	2.1	-43.2
Unknown	3	0	a	a	a
Sub-Total MALE	1,431	35	3.0	2.4	-20.0
FEMALE					
19 and Under	3	0	a	a	a
20 - 24	15	0	a	a	a
25 - 29	70	4	a	5.7	a
30 - 34	140	4	3.4	2.9	-14.7
35 - 39	202	10	5.1	5.0	-2.0
40 - 44	193	10	4.2	5.2	23.8
45 and Over	136	4	2.1	2.9	38.1
Unknown	6	0	a	a	a
Sub-Total FEMALE	765	32	3.6	4.2	16.7
Missing Gender	5	0	12.1	a	a
Total	2,201	67	3.3	3.0	-9.1

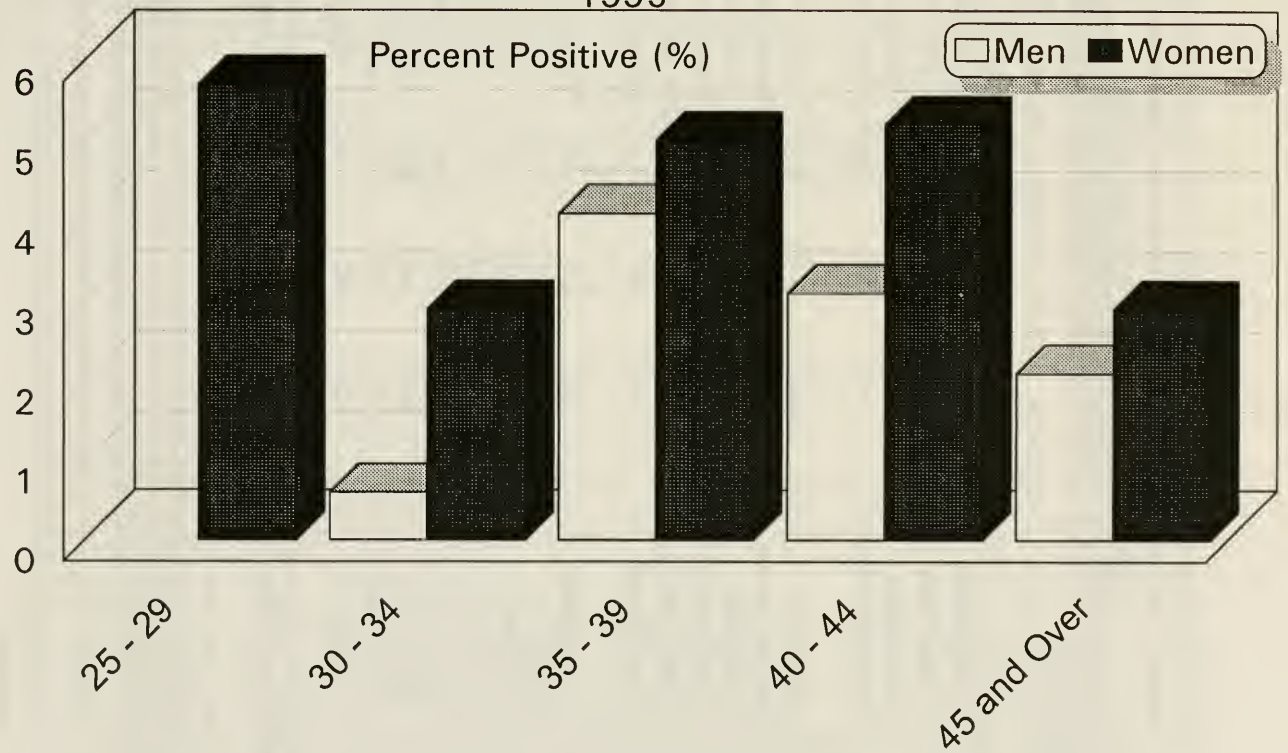
[1]Includes persons entering methadone treatment who have a history of injection drug use (IDU) since 1978. Excludes persons with a prior admission to treatment during the survey period, and persons who were preferentially admitted to treatment due to HIV/AIDS. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed. For glossary of acronyms please see page iv.

[2]All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 10. HIV-1 Seroprevalence for Injection Drug Users

Entering Drug Treatment Centers (DTC) in Selected California Counties by Gender and Age Group 1995



Note: Excludes 19 and Under, 20 - 24, and Unknown age groups. Males in age group 25 - 29 were not calulated because number tested were fewer than 100 and number positive less than or equal to 3.

California Department of Health Services
Office of AIDS, 1997

Table 30.
HIV-1 Seroprevalence for Injection Drug Users Entering Drug Treatment Centers (DTC)[1] by Sexual Orientation, Race/Ethnicity, and Age Group Category Alameda County, January-December 1995

Sexual Orientation/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Sexual Orientation	MSM/Bisexual	0	0	a	b	b	b
	Lesbian/Bisexual	b	b	b	5	0	a
	Heterosexual	305	13	4.3	137	11	8.0
	Unknown Orientation	1	1	a	2	0	a
Race/Ethnicity	White	102	2	2.0	55	1	a
	African American	99	12	12.1	56	10	17.9
	Latino/Latina	84	0	a	22	0	a
	Asian/Pacific Am	5	0	a	2	0	a
	Native American	4	0	a	6	0	a
	Other/Unknown	12	0	a	3	0	a
Age Group	19 and Under	0	0	a	0	0	a
	20-24	21	0	a	3	0	a
	25-29	23	0	a	14	1	a
	30-34	29	0	a	27	2	a
	35-39	51	5	9.8	37	3	a
	40-44	72	4	5.6	38	2	a
	45 and Over	110	5	4.5	25	3	a
	Unknown	0	0	a	0	0	a
Total		306	14	4.6	144	11	7.6

[1] Includes persons entering methadone treatment who have a history of injection drug use (IDU) since 1978. Excludes persons with a prior admission to treatment during the survey period, and persons who were preferentially admitted to treatment due to HIV/AIDS. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed. For glossary of acronyms please see page iv.

[2] All positive specimens were repeatedly reactive to ELISA and confirmed by a Western blot or IFA.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

Table 31.
HIV-1 Seroprevalence for Injection Drug Users Entering Drug Treatment Centers (DTC)[1] by Sexual Orientation, Race/Ethnicity, and Age Group Category
Contra Costa County, January-December 1995

Sexual Orientation/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Sexual Orientation	MSM/Bisexual	3	2	a	b	b	b
	Lesbian/Bisexual	b	b	b	24	2	a
	Heterosexual	307	12	3.9	168	12	7.1
	Unknown Orientation	11	0	a	4	0	a
Race/Ethnicity	White	200	5	2.5	139	1	0.7
	African American	58	8	13.8	39	11	28.2
	Latino/Latina	51	1	a	13	1	a
	Asian/Pacific Am	1	0	a	0	0	a
	Native American	2	0	a	0	0	a
	Other/Unknown	9	0	a	5	1	a
Age Group	19 and Under	1	0	a	0	0	a
	20-24	4	0	a	4	0	a
	25-29	20	2	a	17	1	a
	30-34	43	0	a	28	0	a
	35-39	60	2	a	68	6	8.8
	40-44	104	6	5.8	53	7	13.2
	45 and Over	89	4	4.5	26	0	a
	Unknown	0	0	a	0	0	a
Total		321	14	4.4	196	14	7.1

[1] Includes persons entering methadone treatment who have a history of injection drug use (IDU) since 1978. Excludes persons with a prior admission to treatment during the survey period, and persons who were preferentially admitted to treatment due to HIV/AIDS. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed. For glossary of acronyms please see page iv.

[2] All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

Table 32.
HIV-1 Seroprevalence for Injection Drug Users Entering Drug Treatment Centers (DTC)[1] by Sexual Orientation, Race/Ethnicity, and Age Group Category
Los Angeles County, January-December 1995

Sexual Orientation/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Sexual Orientation	MSM/Bisexual	6	0	a	b	b	b
	Lesbian/Bisexual	b	b	b	31	0	a
	Heterosexual	475	3	0.6	233	4	1.7
	Unknown Orientation	98	1	a	40	0	a
Race/Ethnicity	White	242	2	0.8	173	4	2.3
	African American	90	1	1.1	40	0	a
	Latino/Latina	228	1	0.4	82	0	a
	Asian/Pacific Am	3	0	a	0	0	a
	Native American	6	0	a	5	0	a
	Other/Unknown	10	0	a	4	0	a
Age Group	19 and Under	2	0	a	3	0	a
	20-24	11	0	a	4	0	a
	25-29	40	0	a	29	0	a
	30-34	85	0	a	68	2	a
	35-39	106	2	1.9	67	1	a
	40-44	119	1	0.8	71	1	a
	45 and Over	215	1	0.5	61	0	a
	Unknown	1	0	a	1	0	a
Total		579	4	0.7	304	4	1.3

[1]Includes persons entering methadone treatment who have a history of injection drug use (IDU) since 1978. Excludes persons with a prior admission to treatment during the survey period, and persons who were preferentially admitted to treatment due to HIV/AIDS. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed. For glossary of acronyms please see page iv.

[2]All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b]Not applicable.

Table 33.
HIV-1 Seroprevalence for Injection Drug Users Entering DrugTreatment Centers (DTC)[1]by Sexual Orientation, Race/Ethnicity, and Age Group Category San Diego County, January-June 1995

Sexual Orientation/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Sexual Orientation	MSM/Bisexual	16	0	a	b	b	b
	Lesbian/Bisexual	b	b	b	2	0	a
	Heterosexual	24	0	a	12	1	a
	Unknown Orientation	30	0	a	14	0	a
Race/Ethnicity	White	23	0	a	7	0	a
	African American	24	0	a	10	1	a
	Latino/Latina	20	0	a	10	0	a
	Asian/Pacific Am	3	0	a	0	0	a
	Native American	0	0	a	1	0	a
	Other/Unknown	0	0	a	0	0	a
Age Group	19 and Under	1	0	a	0	0	a
	20-24	3	0	a	2	0	a
	25-29	9	0	a	5	1	a
	30-34	4	0	a	3	0	a
	35-39	23	0	a	6	0	a
	40-44	17	0	a	5	0	a
	45 and Over	11	0	a	3	0	a
	Unknown	2	0	a	4	0	a
Total		70	0	a	28	1	a

[1]Includes persons entering methadone treatment who have a history of injection drug use (IDU) since 1978. Excludes persons with a prior admission to treatment during the survey period, and persons who were preferentially admitted to treatment due to HIV/AIDS. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed. For glossary of acronyms please see page iv.

[2]All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

Table 34.
HIV-1 Seroprevalence for Injection Drug Users Entering Drug Treatment Centers (DTC)[1] by Sexual Orientation, Race/Ethnicity, and Age Group Category
Santa Clara County, January-December 1995

Sexual Orientation/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Sexual Orientation	MSM/Bisexual	2	0	a	b	b	b
	Lesbian/Bisexual	b	b	b	7	0	a
	Heterosexual	150	3	2.0	86	2	a
	Unknown Orientation	3	0	a	0	0	a
Race/Ethnicity	White	74	1	a	61	1	a
	African American	7	1	a	7	0	a
	Latino/Latina	72	1	a	23	1	a
	Asian/Pacific Am	1	0	a	2	0	a
	Native American	0	0	a	0	0	a
	Other/Unknown	1	0	a	0	0	a
Age Group	19 and Under	0	0	a	0	0	a
	20-24	0	0	a	2	0	a
	25-29	7	0	a	5	1	a
	30-34	13	1	a	14	0	a
	35-39	27	2	a	24	0	a
	40-44	48	0	a	26	0	a
	45 and Over	60	0	a	21	1	a
	Unknown	0	0	a	1	0	a
Total		155	3	1.9	93	2	a

[1] Includes persons entering methadone treatment who have a history of injection drug use (IDU) since 1978. Excludes persons with a prior admission to treatment during the survey period, and persons who were preferentially admitted to treatment due to HIV/AIDS. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed. For glossary of acronyms please see page iv.

[2] All positive specimens were repeatedly reactive by ELISA and confirmed by a Western blot or IFA.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

SURVEY OF CHILDBEARING WOMEN

SURVEY OF CHILDBEARING WOMEN

Since 1988, the California Department of Health Services, Office of AIDS, in collaboration with the Centers for Disease Control and Prevention (CDC), and the National Institute of Child Health and Human Development, has participated in a survey to estimate the prevalence of human immunodeficiency virus (HIV) infection among childbearing women.

The survey is based on the systematic, unlinked testing for HIV antibodies of residual blood specimens routinely collected on filter paper from newborn infants for metabolic screening. Consecutive births during a survey period of three months (July, August, and September) per year are sampled in California. A positive test reflects HIV infection in the mother, but not necessarily in the infant, because maternal antibodies cross the placenta during pregnancy.

This report includes HIV seroprevalence for childbearing women in selected California counties[1]. During 1995, 99,504 unlinked specimens were tested for maternal HIV antibodies in these counties. Of these, 83 specimens were confirmed positive. The seroprevalence estimate for childbearing women in selected California counties was 0.08 percent (eight per 10,000) in 1995, down 11.1 percent from 1994[2] (0.09 percent). County-specific seroprevalence ranged from zero positives in San Joaquin and Solano counties to a high of 0.28 percent in San Francisco. Seroprevalence went down in 1995 compared to 1994 for childbearing women in seven counties, went up in four counties and remained the same in two counties (Table 35).

In 1995, age-specific prevalence rates increased from 1994 for women in age groups *20 - 24 and 30 - 34* years and decreased for women in all other age groups. The highest percentage increase, 37.5 percent, was for women in age group *20 - 24*, where the rate moved up to 0.11 percent (eleven per 10,000) from 0.08 percent in 1994. The highest percentage decrease, 41.7 percent, was for women *35 and Over* where the rate decreased to 0.07 percent (Table 36).

African American childbearing women accounted for the highest prevalence (0.29 percent) compared to rates among *Whites* (0.05 percent), *Latinas* (0.08 percent), *Asians* (zero), and *Other*[3] (0.05 percent). Seroprevalence rates decreased from 1994 for *White and African American* women and increased for *Latina* and *Other*[3] race/ethnicity groups (Table 36).

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[1]These counties were chosen because either STD or DTC seroprevalences are available: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Clara, and Solano.

[2]All 1994 data from: State of California, Department of Health Services, Office of AIDS, HIV/AIDS Epidemiology Branch, California HIV Seroprevalence Annual Report 1994, July 1996.

[3]Includes Native Americans, Pacific Islanders and mixed races.

Table 35.
HIV-1 Seroprevalence in California Childbearing Women[1]
Selected California Counties
1994 - 1995

Selected Counties	Number Tested 1995	Number Positive[2] 1995	Prevalence (%)		Percent Change 1994 to 1995
			1994	1995	
Alameda	5,304	9	0.15	0.17	13.3
Contra Costa	3,116	1	0.10	0.03	-70.0
Fresno	3,810	3	0.08	0.08	-
Kern	3,117	2	0.03	0.06	100.0
Los Angeles	41,989	40	0.09	0.10	11.1
Riverside	6,246	2	0.05	0.03	-40.0
Sacramento	4,626	5	0.11	0.11	-
San Bernardino	7,582	5	0.08	0.07	-12.5
San Diego	10,629	6	0.08	0.06	-25.0
San Francisco	2,174	6	0.17	0.28	64.7
San Joaquin	2,263	0	0.04	0.00	-100.0
San Luis Obispo	648	1	0.00	0.15	a
Santa Clara	6,716	3	0.06	0.04	-33.3
Solano	1,284	0	0.08	0.00	-100.0
Total	99,504	83	0.09	0.08	-11.1

[1]Residual dried-blood specimens collected by heel stick onto filter paper for newborn metabolic screening were tested for HIV antibody, only in the third quarter of each year.

[2]All positive specimens were tested for HIV antibody by Enzyme-linked Immunosorbent Assay (EIA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a]Not applicable.

Table 36.
HIV-1 Seroprevalence in California Childbearing Women[1]
by Age Group and Race/Ethnicity of Mother
Selected California Counties
1994 - 1995

Age Group Race/Ethnicity	Number Tested 1995	Number Positive[2] 1995	Prevalence (%)		Percent Change 1994 to 1995
			1994	1995	
Age Group					
19 and Under	12,654	4	0.05	0.03	-40.0
20 - 24	23,953	26	0.08	0.11	37.5
25 - 29	26,553	24	0.11	0.09	-18.2
30 - 34	22,915	19	0.06	0.08	33.3
35 and Over	13,391	10	0.12	0.07	-41.7
Unknown	38	0	0.00	a	a
Race/Ethnicity					
White	29,129	16	0.06	0.05	-16.7
African American	8,177	24	0.40	0.29	-27.5
Latina	50,471	41	0.06	0.08	33.3
Asian	7,459	0	0.00	0.00	-
Other[3]	4,238	2	0.02	0.05	150.0
Unknown	30	0	a	a	a
Total	99,504	83	0.09	0.08	-11.1

[1]Residual dried-blood specimens collected by heel stick onto filter paper for newborn metabolic screening were tested for HIV antibody, only in the third quarter of each year.

[2]All positive specimens were tested for HIV antibody by Enzyme-linked Immunosorbent Assay (EIA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3]Includes Native Americans, Pacific Islanders and mixed races.

[a]Not calulated for fewer than 100 tested and number positive less than or equal to 3.

BLOOD BANKS
AND PLASMA CENTERS

SURVEY AMONG BLOOD BANKS AND PLASMA CENTERS

The California Department of Health Services, Office of AIDS (CDHS/OA), began monitoring data from the routine testing of blood donors in 1987. HIV prevalences among donors are lower than those of the general population because persons at increased risk for HIV infection are actively discouraged from donating.

This report summarizes data from HIV-1 antibody screening of blood and blood products collected in selected California counties and cities for 1995. Additional county data is available through the Office of AIDS. CDHS/OA received reports of testing results from 62 blood banks and 19 plasma centers. This information represents data from California facilities required to report HIV-1/HIV-2[1] antibody test results to CDHS/OA.

In 1995, 978,032 specimens from selected California blood banks[2] were tested, of which 42 (0.004 percent) were seropositive. The overall prevalence decreased from 0.005 percent in 1994[3] to 0.004 percent in 1995. HIV seroprevalence in selected California blood banks ranged from zero to 0.055 percent (Table 37).

In 1995, 591,254 specimens from selected California plasma centers[4] were tested, of which 112 (0.019 percent) were seropositive, compared to 120 (0.020 percent) in 1994[3,5] (Table 38). HIV seroprevalence in selected California plasma centers ranged from 0.008 to 0.035 percent.

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[1]Testing for HIV-2 began the second quarter of 1992. Data collected through 1995 showed 7 confirmed positive for HIV-2. To date, the U.S. Food and Drug Administration has not licensed a confirmatory test for HIV-2 infection. Currently, reactive HIV-2 EIAs are confirmed by unlicensed tests. Cross-reactivity between HIV-1 and HIV-2 is a strong possibility in instances where HIV-2 is confirmed by existing unlicensed testing.

[2]Alameda, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Clara and the City of Long Beach.

[3]State of California, Department of Health Services, Office of AIDS, HIV/AIDS Epidemiology Branch, California HIV Seroprevalence Annual Report 1994, July 1996.

[4]Alameda, Fresno, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, and the City of Long Beach.

[5]Data collection for 1995 has been discontinued for Plasma Centers in San Joaquin. In order to make comparisons the same site was dropped from 1994 data.

Note: Blood Bank and Plasma Center data for 1995 is provisional.

Table 37.
HIV-1 Seroprevalence for Units Collected
Selected California Blood Banks
1994 - 1995

Selected Counties	Number Tested 1995	Number Positive[1] 1995	Prevalence (%)		Percent Change 1994 to 1995
			1994	1995	
Alameda	74,460	1	0.004	0.004	-
Fresno	50,025	1	0.002	0.002	-
Kern	24,067	0	0.004	0.000	-100.0
Los Angeles	346,665	19	0.007	0.005	-28.6
Riverside	9,281	0	0.008	0.000	-100.0
Sacramento	56,540	3	0.003	0.005	66.7
San Bernardino	46,519	4	0.000	0.009	a
San Diego	124,895	6	0.010	0.005	-50.0
San Francisco	94,134	4	0.005	0.004	-20.0
San Joaquin	31,053	1	0.000	0.003	a
San Luis Obispo	15,359	0	0.000	0.000	-
San Mateo	30,832	1	0.000	0.003	a
Santa Clara	72,383	1	0.002	0.001	-50.0
Long Beach	1,819	1	0.000	0.055	a
Total	978,032	42	0.005	0.004	-20.0

[1]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a]Not Applicable.

Note: Blood Bank data for 1995 are provisional.

Table 38.
HIV-1 Seroprevalence for Units Collected
Selected California Plasma Centers
1994 - 1995

Selected Counties	Number Tested 1995	Number Positive[1] 1995	Prevalence (%)		Percent Change 1994 to 1995
			1994	1995	
Alameda	36,159	8	0.024	0.022	-8.3
Fresno	83,123	7	0.017	0.008	-52.9
Los Angeles	34,348	12	0.025	0.035	40.0
Riverside	54,093	8	0.010	0.015	50.0
Sacramento	40,127	7	0.016	0.017	6.3
San Bernardino	79,420	6	0.030	0.008	-73.3
San Diego	175,748	38	0.015	0.022	46.7
Long Beach	88,236	26	0.029	0.029	-
Total	591,254	112	0.020	0.019	-5.0

[1]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a]Not Applicable.

Note: Plasma Center data for 1995 are provisional.

CIVILIAN APPLICANTS FOR MILITARY SERVICE

SURVEY AMONG CIVILIAN APPLICANTS FOR MILITARY SERVICE

Since October 1985, all persons applying for active duty or reserve military service, the service academies, and the Reserve Officer Training Corps (ROTC) have been screened for HIV infection as part of their entrance medical evaluation. Data from this group are important because of the large number of persons screened and because the applicants include both sexes and all racial and ethnic groups from all areas of the country. The Department of Defense shares the resulting statistical data with the Centers for Disease Control and Prevention (CDC) for HIV surveillance purposes. The CDC in turn provides this information (excluding personal identifiers) to state and local health departments.

In the past, before medical evaluations, applicants were interviewed about drug use and homosexual activity, both of which were grounds for exclusion from entry into military service. Potential applicants were informed that they would be screened for HIV antibodies and excluded from entry if infected. Therefore, injecting drug users, men who have sex with men, and persons who suspected or were already aware they were infected with HIV were likely to have been under represented among those applicants actually tested. In 1993, President Clinton authorized the "don't ask, don't tell policy" and applicants could no longer be asked about homosexual activity.

During the survey period, injection drug users and openly gay, lesbian, and bisexual men and women were denied entry into military service. Since these applicants were excluded prior to medical evaluation and HIV screening, they are likely to be under-represented in these data.

This report summarizes data for 14 selected California counties[1]. Additional county data are available through the Office of AIDS. In 1995, a total of 22,865 specimens from these selected counties was tested for HIV antibodies (Table 39). Of these, 0.04 % were seropositive, a decrease from 0.05 % in 1994[2]. Prevalence rates ranged from zero positives in seven counties to a high of 0.16 % in San Joaquin county.

As shown in Table 40, males represented 81.5% (18,632) of the total civilian applicants for these counties, of which nine (0.05 %) were seropositive, an increase of 25.0 % compared to 1994. Females represented 18.5 % (4,233) of the total civilian applicants for these counties, of which zero were seropositive (Table 41).

In 1995, age-specific prevalence rates for men decreased in age groups *20 - 24* and *25 - 29*, increased in age group *30 - 34* and remained the same in age group *40 - 44*.

---

[1]Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Clara, and Solano.

[2]All 1994 data from: State of California, Department of Health Services, Office of AIDS, HIV/AIDS Epidemiology Branch, California HIV Seroprevalence Annual Report 1994, July 1996.

Age group 30 - 34 showed the highest prevalence rate of 0.48 percent.

Compared to 1994, seroprevalence rates among *White* men decreased. *African American* men had the highest seroprevalence (0.23 percent) as well as the largest percentage increase (360.0 percent) when compared to 1994 (Table 40).

Table 39.
HIV-1 Seroprevalence for Civilian Applicants for Military Service
Selected California Counties[1]
1994 - 1995

Selected Counties	Number Tested 1995	Number Positive[2] 1995	Prevalence (%)		Percent Change 1994 to 1995
			1994	1995	
Alameda	1,003	0	0.11	0.00	-100.0
Contra Costa	650	0	0.00	0.00	-
Fresno	764	0	0.11	0.00	-100.0
Kern	901	0	0.00	0.00	-
Los Angeles	7,694	2	0.07	0.03	-57.1
Riverside	1,649	1	0.00	0.06	a
Sacramento	1,567	1	0.00	0.06	a
San Bernardino	2,162	2	0.00	0.09	a
San Diego	3,451	1	0.03	0.03	-
San Francisco	317	0	0.53	0.00	-100.0
San Joaquin	627	1	0.00	0.16	a
San Luis Obispo	268	0	0.00	0.00	-
Santa Clara	1,120	0	0.00	0.00	-
Solano	692	1	0.00	0.14	a
Total	22,865	9	0.05	0.04	-20.0

[1]Data provided by Centers for Disease Control and Prevention, National Center HIV/STD/TB Prevention, Division of HIV/AIDS Prevention, Civilian Applicants for Military Service.

[2]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a]Not Applicable.

Table 40.
HIV-1 Seroprevalence for Male Civilian Applicants for Military Service
Selected California Counties[1]
1994 - 1995

Selected Counties	Number Tested 1995	Number Positive[2] 1995	Prevalence (%)		Percent Change 1994 to 1995
			1994	1995	
Age-Group					
19 and Under	9,813	1	0.00	0.01	a
20 - 24	5,694	0	0.02	0.00	-100.0
25 - 29	1,873	3	0.24	0.16	-33.3
30 - 34	838	4	0.39	0.48	23.1
35 - 39	239	1	0.00	0.42	a
40 - 44	115	0	0.00	0.00	-
45 and Over	60	0	b	b	b
Race/Ethnicity					
White	8,969	2	0.07	0.02	-71.4
African American	2,221	5	0.05	0.23	360.0
Latino	4,805	1	0.00	0.03	a
Asian/Pacific Islander	2,178	1	0.00	0.05	a
American Indian/Alaskan	149	0	0.00	0.00	-
None of the Above	310	0	0.33	0.00	-100.0
Total	18,632	9	0.04	0.05	25.0

[1]Data provided by Centers for Disease Control and Prevention, National Center HIV/STD/TB Prevention, Division of HIV/AIDS Prevention, Civilian Applicants for Military Service.

[2]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a]Not applicable.

[b]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Table 41.
HIV-1 Seroprevalence for Female Civilian Applicants for Military Service
Selected California Counties[1]
1994 - 1995

Selected Counties	Number Tested 1995	Number Positive[2] 1995	Prevalence (%)		Percent Change 1994 to 1995
			1994	1995	
Age-Group					
19 and Under	2,407	0	0.05	0.00	-100.0
20 - 24	1,191	0	0.00	0.00	-
25 - 29	376	0	0.00	0.00	-
30 - 34	196	0	0.66	0.00	-100.0
35 - 39	35	0	a	a	a
40 - 44	19	0	a	a	a
45 and Over	9	0	a	a	a
Race/Ethnicity					
White	1,850	0	0.00	0.00	-
African American	806	0	0.28	0.00	-100.0
Latino	988	0	0.00	0.00	-
Asian/Pacific Islander	38	0	0.00	0.00	-
American Indian/Alaskan	456	0	a	-	a
None of the Above	95	0	a	a	a
Total	4,233	0	0.05	0.00	-100.0

[1]Data provided by Centers for Disease Control and Prevention, National Center HIV/STD/TB Prevention, Division of HIV/AIDS Prevention, Civilian Applicants for Military Service.

[2]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a]Not calculated for fewer than 100 tested and number less than or equal to 3.

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CALIFORNIA HIV SEROPREVALENCE ANNUAL REPORT 1996

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TO: Interested Parties

SUBJECT: CALIFORNIA HIV SEROPREVALENCE ANNUAL REPORT 1996

I am pleased to make available to you the *California HIV Seroprevalence Annual Report 1996.* The data in this report were gathered in 1996 by the California Department of Health Services, Office of AIDS, in collaboration with local health departments, the Centers for Disease Control and Prevention, California blood banks and plasma centers, and the United States Department of Defense.

The data have been useful to many local health departments in monitoring the HIV epidemic locally, targeting prevention activities and other services, and making other public health policy decisions.

I hope you find the data useful in your local HIV serosurveillance activities as well as the community HIV prevention planning process. If you have any questions about this annual report, please contact Donna Zukowski or Juan D. Ruiz, M.D., Dr. P.H. at (916) 445-0553.

Wayne E. Sauseda, Chief
Office of AIDS

CALIFORNIA HIV SEROPREVALENCE ANNUAL REPORT 1996

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GLOSSARY OF ACRONYMS

ELISA	Enzyme-linked immunosorbent assay
EIA	Enzyme-linked immunosorbent assay
CDC	Centers for Disease Control and Prevention
DTC	Drug treatment center
HFS	HIV Family of Surveys
HIV	Human immunodeficiency virus
IDU	Injection drug use
IFA	Immunofluorescence assay
MSM	Men who have sex with men
STD	Sexually transmitted diseases

CALIFORNIA HIV SEROPREVALENCE ANNUAL REPORT 1996

Background

Since the summer of 1988, the California Department of Health Services, Office of AIDS (CDHS/OA) has participated in Human Immunodeficiency Virus (HIV) Family of Surveys (HFS) funded by the Centers for Disease Control and Prevention (CDC). The objectives of sentinel serosurveillance are to 1) provide state and local health officials and the general public with information on HIV prevalence in various populations, so that education and prevention programs can be developed, targeted, and evaluated; 2) indicate the magnitude and extent of HIV infection by demographic and behavioral subgroup and by geographic area; 3) indicate regional and national changes over time in the prevalence of infection in specific populations defined by HIV risk behaviors and demographic characteristics; and 4) assist in projecting the number of children and adults who will develop HIV-associated illness and require medical care.

The serosurveys are clinic-based and are conducted annually in selected sentinel sites throughout the State. They are designed to establish baseline HIV seroprevalence rates, monitor HIV trends in known high-risk or cross-over groups, and serve as an early warning system for the possible spread of HIV from these groups into the general population.

All of these surveys use anonymous, unlinked (blinded) HIV testing. In unlinked surveys, samples gathered from discarded blood originally collected from consecutive eligible clients for routine diagnostic purposes are tested for HIV antibodies after all personal identifying information has been removed. The HIV test results as well as risk information obtained from medical records cannot be linked to specific individuals.

This summary presents results of the HIV serosurveillance activities from surveys in sentinel sites in California during 1996. The selected clinical settings included sexually transmitted disease (STD) clinics and drug treatment centers (DTC). In addition, this report includes data obtained from other sources: HIV screening by blood collection agencies of blood donations, and HIV screening by the Department of Defense of civilian applicants for military service. In 1995 the CDC, at the request of the Assistant Secretary of Health and Human Services, discontinued the Survey of Childbearing Women. The CDHS/OA plans to replicate this study during the third quarter of 1998.

All of the surveys in this report measure HIV seroprevalence, which is the proportion of persons who have serologic evidence of HIV infection at a given time. Seroprevalence is influenced by the rate of new HIV infections (incidence) and by attrition of HIV-infected persons from the population under study, often through illness or death.

HIV seroprevalence is a good indicator of future morbidity and health delivery needs because it measures the level of HIV infection in a population. Seroprevalence data from a single site should be interpreted with caution because the representativeness of the sample population may be subtly changing.

Highlights

Sexually Transmitted Disease Clinics

In 1996, a total of 21,353 serum samples were tested in STD clinics in 12 local health departments[1] (Table 2). The seroprevalence (2.4 percent) decreased from 1995[2] (2.7 percent). Seroprevalence increased in the counties of Fresno, Los Angeles, Sacramento, San Joaquin and San Luis Obispo. All other counties showed a decrease from 1995.

The overall HIV seroprevalence among men in 1996 was 3.5 percent and among women was 0.6 percent (Table 3). By mode of transmission, the highest seroprevalence (22.1 percent) in STD clinics was among *men who reported sex with men who also injected drugs*. The largest percentage increase between 1995 and 1996 was among male *sex partner at risk for HIV* (28.6 percent).

Among men in the sample, seroprevalence increased in 1996 for *Asian/Pacific Islander* race/ethnic group, decreased for *White* and *Latino* race/ethnic groups, and remained the same for *African American* men (Table 4). Among women, seroprevalence increased for *Whites* and *African Americans*. Seroprevalence for *Latina* and *Asian/Pacific Islander* women remained the same.

Drug Treatment Centers

There were a total of 2,031 serum samples tested at 8 centers in five local health departments[3]. The seroprevalence (3.2 percent) for all centers increased from 3.0 percent in 1995 (Table 24). Among selected counties, the seroprevalence in 1996 ranged from a high of 7.8 percent in *Alameda* to a low of 0.4 percent in *Santa Clara* County.

Of men tested at DTCs in 1996, 2.7 percent were HIV positive, compared to 3.9 percent of women (Table 25). By mode of transmission, seroprevalence was highest among *MSM/bisexual men* (8.5 percent).

---

[1]Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Long Beach, Berkeley.

[2]All 1994 data from: State of California, Department of Health Services, Office of AIDS, HIV/AIDS Epidemiology Branch, California HIV Seroprevalence Annual Report 1995, May 1997.

[3]Alameda, Contra Costa, Los Angeles, San Diego, Santa Clara.

HIV seroprevalence was highest among *African American* men and women; however, women showed a decrease in seroprevalence compared to 1995 (Table 26). The seroprevalence among *White* men was 0.8 percent in 1996, down from 1.6 percent in 1995. Seroprevalence among *White* women changed from 1.6 percent in 1995 to 1.9 percent in 1996. Latino men and women accounted for the highest percent increases between 1995 and 1996.

California Blood Banks and Plasma Centers

Overall seroprevalence between 1995 and 1996 declined in blood banks[4]; however, seroprevalence among plasma centers[5] showed an increase. In 1996, 982,057 specimens from selected California blood banks were tested, of which 33 (0.003) percent were seropositive (Table 33). In 1996, 536,018 specimens from selected California plasma centers were tested, of which 137 (0.026 percent) were seropositive (Table 34).

Civilian Applicants for Military Service

In 1996, a total of 22,933 serum samples were tested among all persons applying for military service in 13 selected counties[6]. The seroprevalence of 0.04 percent remained unchanged from 1995 (Table 35).

Men represented 83.2 percent of the total civilian applicants among these counties, of which 0.04 percent were HIV seropositive, remaining unchanged from 1995 (Table 36). Women represented 16.8 percent, with a HIV prevalence of 0.05 (Table 37).

[4]Alameda, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Clara and the City of Long Beach.

[5]Alameda, Fresno, Los Angeles, Riverside, San Bernardino, San Diego and City of Long Beach.

[6]Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Clara.

SEXUALLY TRANSMITTED DISEASE CLINICS

SURVEYS OF ADULTS ATTENDING SEXUALLY TRANSMISTTED DISEASE (STD) CLINICS

STD clinics serve persons at increased risk of infectious disease due to unprotected sex and other behaviors such as injection drug use. During 1996, STD clinics in 12 local health departments[1] conducted unlinked surveys to determine rates of HIV infection among STD clients. Serum samples from clients who were being evaluated for a possible STD and who had not visited the clinic in the previous three months were included in the survey. Clients attending the clinic for follow-up visits, solely for HIV testing, or for evaulation of HIV infection were excluded. Eligible specimens were selected consecutively to meet a desired sample size of at least 500 clients at each clinic. In actuality, selected California counties and cities submitted between 79 and 13,272 serum specimens each for a total of 21,353 serum samples tested during 1996 (Table 1).

This report summarizes results for 1996 from 24 STD clinics in selected California counties and cities. Statewide, the seroprevalence at the clinics decreased from 2.7 percent in 1995[2] to 2.4 percent in 1996 (Table 1).

HIV seroprevalence varied by region, from a high of 8.1 percent in *San Francisco* to a low of 0.3 percent in the *South Valley*. The seroprevalence for *San Francisco, San Diego, Bay Area* and *South Valley* regions showed a decrease from 1995. However, the seroprevalence for *Los Angeles, Central Coast, North Valley* and *Central Valley* Regions increased (Table 1, Figure 1). *San Joaquin* county experienced the highest increase in prevalence in the state (Table 2).

Men represented 64.3 percent (13,734) of the total STD population of which 3.5 percent (475) were HIV seropositive, compared to 3.8 percent in 1995 (Table 3). Women represented 35.5 percent (7,589) of the total STD population of which 0.6 percent (45) were HIV seropositive, an increase from 0.5 percent in 1995. The highest seroprevalence (22.1 percent) was among *men who reported sex with men who injected drugs,* compared to 26.2 percent in 1995 (a decrease of 15.6 percent). This group was followed by *men who have sex with men* (21.4 percent), compared to 22.3 percent in 1995. Among men, *heterosexuals with a history of injection drug use* showed a seroprevalence of 3.5 percent, down from 4.8 percent in 1995 and women showed a seroprevalence of 1.4 percent, down from 1.7 percent in 1995. Among clients who reported *sex partner at risk for HIV,* the seroprevalence was 1.8

[1] Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Long Beach, and Berkeley.

[2] All 1995 data from: State of California, Department of Health Services, Office of AIDS, HIV/AIDS Epidemiology Branch, California HIV Seroprevalence Annual Report 1995, May 1997.

percent for men (an increase of 28.6 percent) and 2.5 percent for women (a decrease of 19.4 percent).

In 1996, 44.0 percent (9,395) of the specimens tested in the STD clinics were of *African American* origin; 33.5 percent (7,144) of *Latinas/os* origin; 17.3 percent (3,685) of *White* origin; and 2.8 percent (589) of *Asian/Pacific Islander* origin (Table 4, Figure 2). Seroprevalence for *White* men decreased from 8.2 percent in 1995 to 7.3 percent in 1996. The seroprevalence for *White* women increased from 0.4 percent in 1995 to 0.6 percent. Among *African American* men the seroprevalence of 2.5 percent remained unchanged from 1995. *African American* women showed an increase from 0.6 percent in 1995 to 0.8 in 1996. The seroprevalence for *Latino* men showed a decrease from 2.7 percent in 1995 to 2.2 percent in 1996, compared to *Latina* women which remained unchanged from 1995 at 0.4 percent. The seroprevalence for *Asian/Pacific Islander* men (4.3 percent) increased from 3.1 percent in 1995. *Asian/Pacific Islander* women had zero positives in 1996.

Seroprevalence was highest among men in age group *40-44,* and lowest among men and women *19 and Under* (Table 5, Figure 3). Compared to 1995, seroprevalence among men remained the same in age group *25-29* and decreased for all other age groups. Seroprevalence was highest among women in age groups *30-34* and *40-44* (1.2 percent). When compared to 1995, seroprevalence among women increased from 1995 in age groups *25-29, 30-34,* and *40-44* and decreased in all other age groups.

Table 6 and Figure 4 present HIV seroprevalence for *men who have sex with men (MSM) and bisexual men* attending STD clinics by race/ethnicity. In 1996, HIV seroprevalence ranged from a high of 42.9 (6/14) percent among *American Indian/Alaskan Native* to a low of 15.7 (55/351) percent among *Latino* men. By age group seroprevalence ranged from a high of 31.9 percent among age group *40-44* to a low of 7.9 percent in age group *20-24* (Table 7, Figure 5).

Tables 8, 9 and Figure 6 present HIV seroprevalence for heterosexual males and females attending STD clinics by race/ethnicity. In 1995, the highest HIV seroprevalence was for *African American* males (1.2 percent) and *African American* females (0.7 percent).

The highest seroprevalence among heterosexual males and females was in age group *40-44* (Tables 10, 11 and Figure 7).

Tables 12 through 23 present seroprevalence data from the sentinel sites by transmission, race/ethnicity and age group.

STD clinics serve large numbers of HIV-infected persons. HIV surveillance in these clinics provides important information about populations at greatest risk for HIV

infection. Serosurveillance may also provide an early warning of the heterosexual spread of HIV infection, since those at greatest risk of heterosexual transmission are likely to be those also at risk of acquiring other STDs.

Table 1.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics By California Regions 1995 - 1996

Regions[2]	Number Tested 1996	Number Positive[3] 1996	Prevalence (%)		Percent Change 1995 to 1996
			1995	1996	
San Francisco	3,571	288	9.1	8.1	-11.0
San Diego[4]	496	10	2.9	2.0	-31.0
Los Angeles	13,272	187	1.2	1.4	16.7
Central Coast[4]	715	10	1.2	1.4	16.7
North Valley[4]	509	5	0.8	1.0	25.0
Bay Area	762	7	2.3	0.9	-60.9
Central Valley[4]	1,442	11	0.7	0.8	14.3
South Valley[4]	586	2	0.4	0.3	-25.0
Total	21,353	520	2.7	2.4	-11.1

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

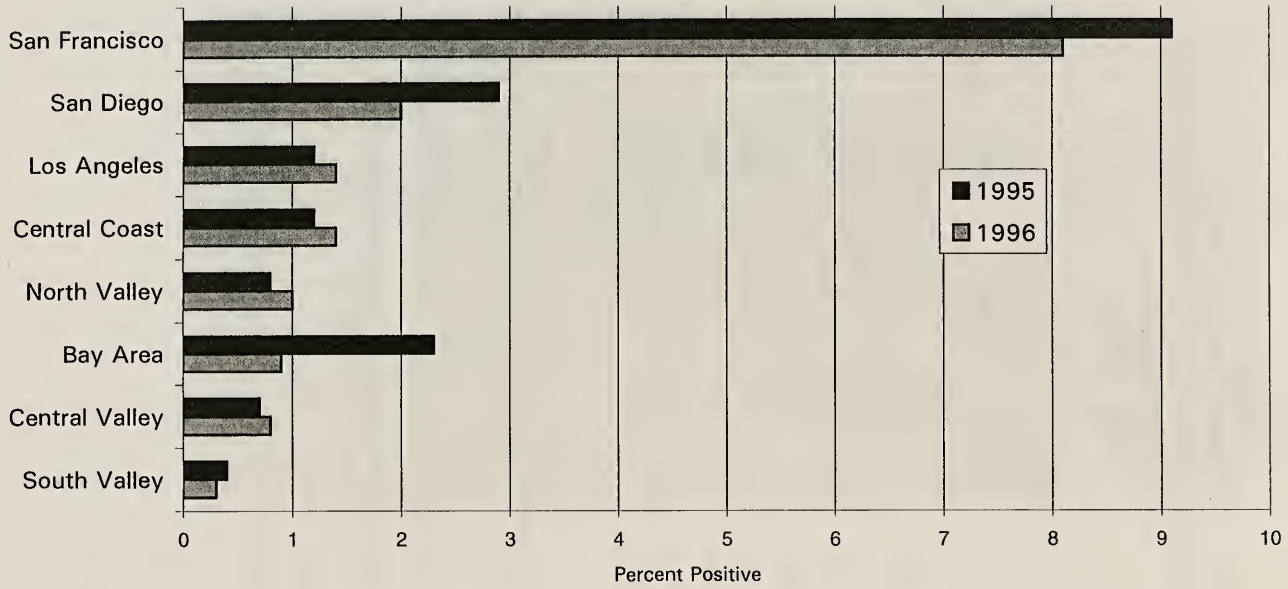
[2] Central Coast = Long Beach and San Luis Obispo. North Valley = Sacramento. Bay Area = City of Berkeley. Central Valley = Fresno, Kern, and San Joaquin. South Valley = San Bernardino.

[3] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or immunofluorescence Assay (IFA).

[4] Data collection for January – June 1996.

Note: Bay Area and North Valley regions were adjusted for 1995 because Santa Clara and Solano did not report for 1996.

Figure 1. HIV-1 Seroprevalence for Clients Attending STD Clinics by Region (Selected Counties and Cities), 1995 - 1996



Note: South Valley = San Bernardino County. North Valley = Sacramento. Central Valley = Fresno, Kern, and San Joaquin Counties. Central Coast = City of Long Beach and San Luis Obispo County. Bay Area = City of Berkeley.

Table 2.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics Selected California Counties and Cities 1995 - 1996

Selected Counties and Cities	Number Tested 1996	Number Positive[2] 1996	Prevalence (%)		Percent Change 1995 to 1996
			1995	1996	
Fresno[3]	420	3	0.6	0.7	16.7
Kern[3]	505	1	1.2	0.2	-83.3
Los Angeles	13,272	187	1.2	1.4	16.7
Riverside[3]	79	2	0.5	a	a
Sacramento[3]	509	5	0.8	1.0	25.0
San Bernardino[3]	507	0	0.4	0.0	-100.0
San Diego[3]	496	10	2.9	2.0	-31.0
San Francisco	3,571	288	9.1	8.1	-11.0
San Joaquin[3]	517	7	0.4	1.4	250.0
San Luis Obispo[3]	227	1	0.0	0.4	b
Long Beach[3]	488	9	2.0	1.8	-10.0
Berkeley	762	7	2.3	0.9	-60.9
Total	21,353	520	2.7	2.4	-11.1

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or immunofluorescence Assay (IFA).

[3] Data Collection for January – June 1996.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

Note: Santa Clara and Solano counties did not report data in 1996. Therefore, we deleted both counties from the overall 1995 prevalence.

Table 3.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics Selected California Counties and Cities By Gender and Transmission Category 1995 - 1996

Gender and Transmission Category	Number Tested 1996	Number Positive[2] 1996	Prevalence (%)		Percent Change 1995 to 1996
			1995	1996	
MALE					
MSM/Bisexual	1,356	290	22.3	21.4	-4.0
MSM/Bisexual, IDU[3]	86	19	26.2	22.1	-15.6
Heterosexual IDU	259	9	4.8	3.5	-27.1
Hemophilia	1	0	a	a	a
Sex Partner at Risk for HIV	217	4	1.4	1.8	28.6
Blood Recipient	72	1	a	a	a
Heterosexual	11,183	103	0.9	0.9	0.0
Unknown Risk	560	49	13.3	8.8	-33.8
Sub-Total Male	13,734	475	3.8	3.5	-7.9
FEMALE					
IDU	144	2	1.7	1.4	-17.6
Sex Partner at Risk for HIV	158	4	3.1	2.5	-19.4
Blood Recipient	93	2	0.0	2.2	b
Heterosexual	6,659	34	0.4	0.5	25.0
Unknown Risk[4]	535	3	0.4	0.6	50.0
Sub-Total Female	7,589	45	0.5	0.6	20.0
Missing Gender	30	0	10.8	a	a
Total	21,353	520	2.7	2.4	-11.1

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men who have a history of injection drug use (IDU) since 1978.

[4] Includes 167 self-identified lesbian females from Los Angeles.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

Table 4.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics Selected California Counties and Cities By Gender and Race/Ethnicity 1995 - 1996

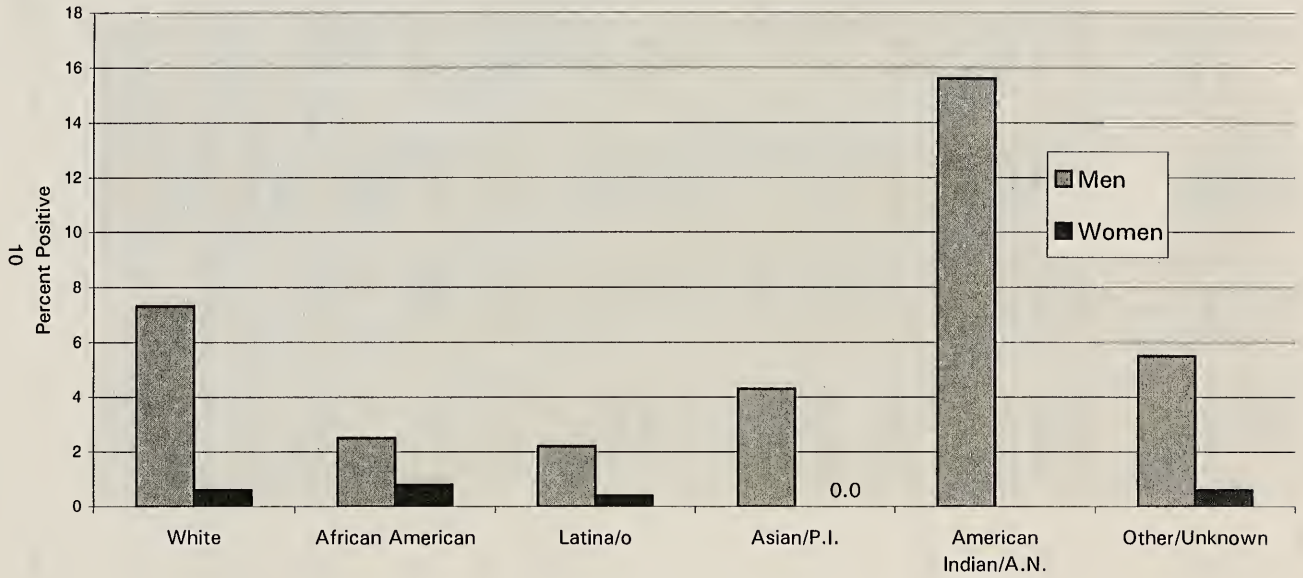
Gender and Race/Ethnicity	Number Tested 1996	Number Positive[2] 1996	Prevalence (%)		Percent Change 1995 to 1996
			1995	1996	
MALE					
White	2,644	194	8.2	7.3	-11.0
African American	6,039	148	2.5	2.5	0.0
Latino	4,386	96	2.7	2.2	-18.5
Asian/Pacific Islander	348	15	3.1	4.3	38.7
American Indian/Alaskan Native	45	7	a	15.6	a
None of the Above	272	15	4.8	5.5	14.6
Sub-Total Male	13,734	475	3.8	3.5	-7.9
FEMALE					
White	1,041	6	0.4	0.6	50.0
African American	3,356	28	0.6	0.8	33.3
Latina	2,758	10	0.4	0.4	0.0
Asian/Pacific Islander	241	0	0.0	0.0	0.0
American Indian/Alaskan Native	33	0	a	a	a
None of the Above	160	1	0.5	0.6	20.0
Sub-Total Female	7,589	45	0.5	0.6	20.0
Missing Gender	30	0	10.8	a	a
Total	21,353	520	2.7	2.4	-11.1

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 2. HIV-1 Seroprevalence Among Clients Attending STD Clinics in Selected California Counties and Cities by Gender and Race/Ethnicity, 1996



Note: Excludes American Indian/Alaskan Native women (not calculated for fewer than 100 tested and number positive less than or equal to 3).

Table 5.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics Selected California Counties and Cities By Gender and Age Group 1995 - 1996

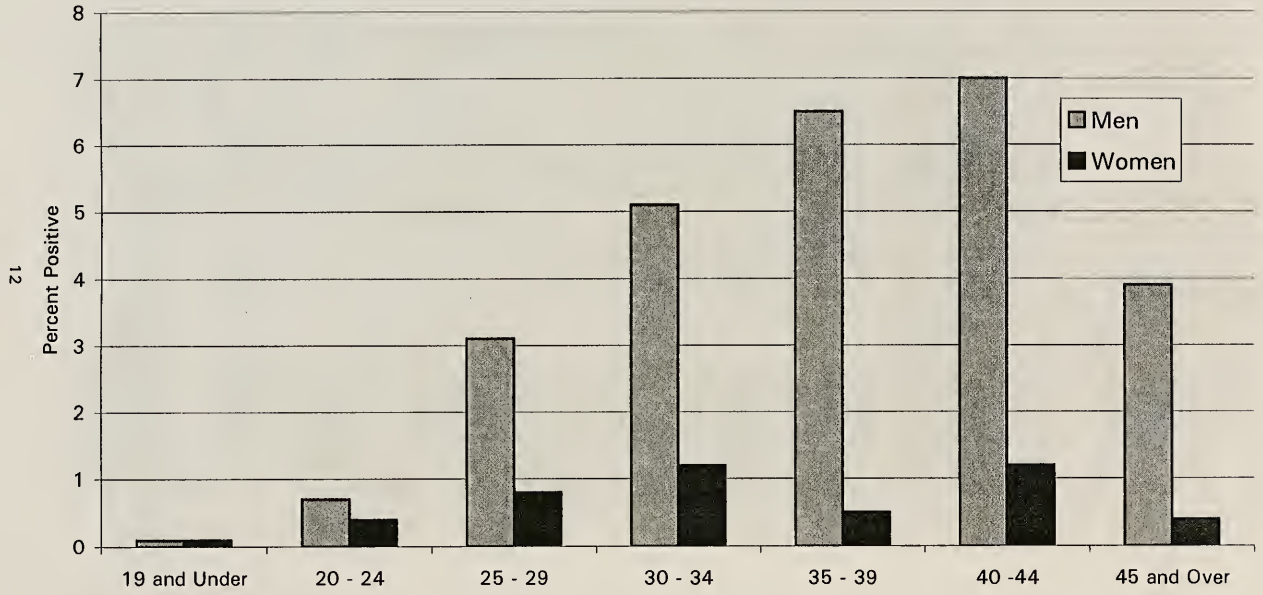
Gender and Age Group	Number Tested 1996	Number Positive[2] 1996	Prevalence (%)		Percent Change 1995 to 1996
			1995	1996	
MALE					
19 and Under	1,161	1	0.4	0.1	-75.0
20-24	3,028	21	1.1	0.7	-36.4
25-29	3,015	92	3.1	3.1	0.0
30-34	2,390	122	6.6	5.1	-22.7
35-39	1,726	112	6.7	6.5	-3.0
40-44	1,084	76	7.3	7.0	-4.1
45 and Over	1,274	50	4.2	3.9	-7.1
Unknown	56	1	a	a	a
Sub-Total Male	13,734	475	3.8	3.5	-7.9
FEMALE					
19 and Under	1,398	1	0.3	0.1	-66.7
20-24	1,810	7	0.5	0.4	-20.0
25-29	1,452	12	0.7	0.8	14.3
30-34	1,121	13	0.3	1.2	300.0
35-39	812	4	0.8	0.5	-37.5
40-44	501	6	0.6	1.2	100.0
45 and Over	457	2	0.7	0.4	-42.9
Unknown	38	0	a	a	a
Sub-Total Female	7,589	45	0.5	0.6	20.0
Missing Gender	30	0	10.8	a	a
Total	21,353	520	2.7	2.4	-11.1

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 3. Seroprevalence Among Clients Attending STD Clinics in Selected California Counties and Cities by Gender and Age Group, 1996



Note: Excludes Unknown age group.

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Table 6.
HIV-1 Seroprevalence for MSM and Bisexual Men[1]
Attending Sexually Transmitted Disease (STD)[2] Clinics
Selected California Counties and Cities
By Race/Ethnicity
1995 - 1996

Race/Ethnicity	Number Tested 1996	Number Positive[3] 1996	Prevalence (%)		Percent Change 1995 to 1996
			1995	1996	
White	748	154	23.1	20.6	-10.8
African American	239	69	27.6	28.9	4.7
Latino	351	55	17.4	15.7	-9.8
Asian/Pacific Islander	54	14	19.3	25.9	34.2
American Indian/Alaskan Native	14	6	a	42.9	a
None of the Above[4]	36	11	31.3	30.6	-2.2
Total	1,442	309	22.6	21.4	-5.3

[1] Includes men who have sex with men (MSM) and bisexual men who have a history of injection drug use (IDU) since 1978.

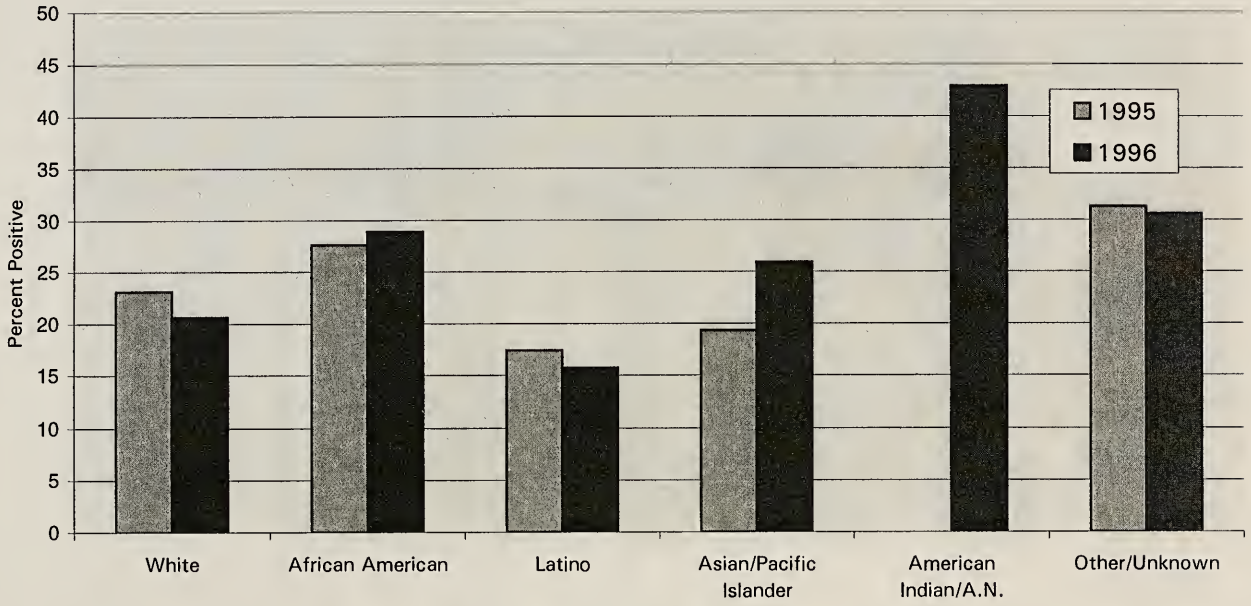
[2] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[3] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[4] Includes other race, unknown race.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 4. HIV-1 Seroprevalence Among MSM and Bisexual Men Attending STD Clinics in Selected California Counties and Cities by Race/Ethnicity, 1995 - 1996



Note: Excludes American Indian/Alaskan Native men (not calculated for fewer than 100 tested and number positive less than or equal to 3).

Table 7.
HIV-1 Seroprevalence for MSM and Bisexual Men[1] Attending Sexually Transmitted Disease (STD)[2] Clinics Selected California Counties and Cities By Age Group 1995 - 1996

Age Group	Number Tested 1996	Number Positive[3] 1996	Prevalence (%)		Percent Change 1995 to 1996
			1995	1996	
19 and Under	41	1	a	a	a
20-24	165	13	11.6	7.9	-31.9
25-29	326	53	18.3	16.3	-10.9
30-34	329	78	30.6	23.7	-22.5
35-39	263	81	33.5	30.8	-8.1
40-44	163	52	25.0	31.9	27.6
45 and Over	155	31	19.8	20.0	1.0
Total	1,442	309	22.6	21.4	-5.3

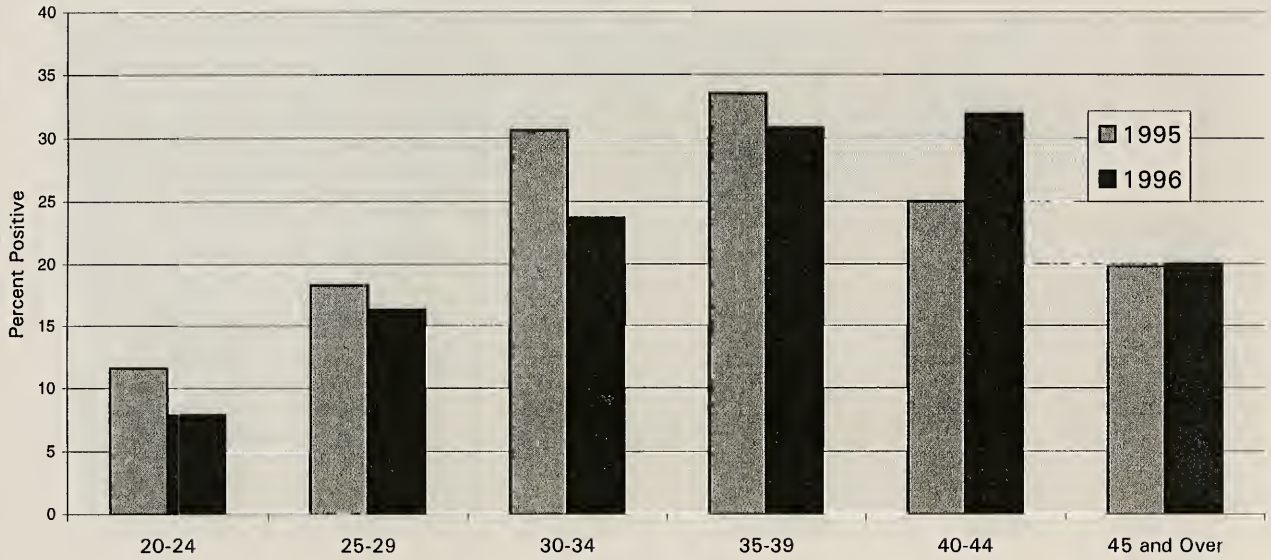
[1] Includes men who have sex with men (MSM) and bisexual men who have a history of injection drug use (IDU) since 1978.

[2] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[3] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 5. HIV-1 Seroprevalence Among MSM and Bisexual Men Attending STD Clinics in Selected California Counties and Cities by Age Group, 1995 - 1996



Note: Excludes 19 and Under and Unknown age group.

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Table 8.
HIV-1 Seroprevalence for Heterosexual Males[1]
Attending Sexually Transmitted Disease (STD)[2] Clinics
Selected California Counties and Cities
By Race/Ethnicity
1995 - 1996

Race/Ethnicity	Number Tested 1996	Number Positive[3] 1996	Prevalence (%)		Percent Change 1995 to 1996
			1995	1996	
White	1,635	12	1.0	0.7	-30.0
African American	5,516	66	1.0	1.2	20.0
Latino	3,806	30	0.9	0.8	-11.1
Asian/Pacific Islander	249	0	0.3	0.0	-100.0
American Indian/Alaskan Native	26	0	a	a	a
None of the Above[4]	210	4	1.3	1.9	46.2
Total	11,442	112	1.0	1.0	0.0

[1] Includes sex contact unknown risk and men who have a history of injection drug use (IDU) since 1978.

[2] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[3] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[4] Includes other race and unknown race.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Table 9.
HIV-1 Seroprevalence for Heterosexual Females[1]
Attending Sexually Transmitted Disease (STD)[2] Clinics
Selected California Counties and Cities
By Race/Ethnicity
1995 - 1996

Race/Ethnicity	Number Tested 1996	Number Positive[3] 1996	Prevalence (%)		Percent Change 1995 to 1996
			1995	1996	
White	873	5	0.5	0.6	20.0
African American	3,019	20	0.6	0.7	16.7
Latino	2,539	10	0.3	0.4	33.3
Asian/Pacific Islander	212	0	0.0	0.0	0.0
American Indian/Alaskan Native	25	0	a	a	a
None of the Above[4]	135	1	0.6	0.7	16.7
Total	6,803	36	0.5	0.5	0.0

[1] Includes sex contact unknown risk and women who have a history of injection drug use (IDU) since 1978.

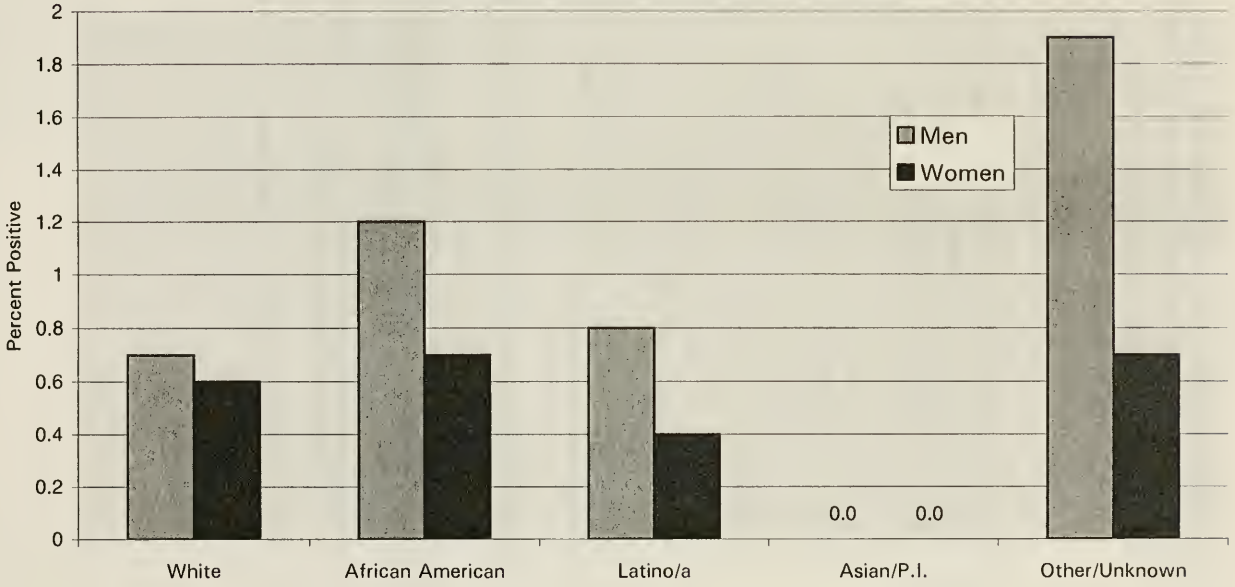
[2] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[3] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[4] Includes other race and unknown race.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 6. HIV-1 Seroprevalence Among Heterosexuals Attending STD Clinics in Selected California Counties and Cities by Gender and Race/Ethnicity, 1996



Note: Excludes American Indian/Alaskan Native race/ethnicity (not calculated for fewer than 100 tested and number positive less than or equal to 3).

Table 10.
HIV-1 Seroprevalence for Heterosexual Males[1]
Attending Sexually Transmitted Disease (STD)[2] Clinics
Selected California Counties and Cities
By Age Group
1995 - 1996

Age Group	Number Tested 1996	Number Positive[3] 1996	Prevalence (%)		Percent Change 1995 to 1996
			1995	1996	
19 and Under	1,066	0	0.3	0.0	-100.0
20-24	2,724	7	0.3	0.3	0.0
25-29	2,495	26	0.7	1.0	42.9
30-34	1,921	29	1.8	1.5	-16.7
35-39	1,338	16	1.9	1.2	-36.8
40-44	831	19	2.1	2.3	9.5
45 and Over	1,017	14	0.8	1.4	75.0
Unknown	50	1	a	a	a
Total	11,442	112	1.0	1.0	0.0

[1] Includes sex contact unknown risk and men who have a history of injection drug use (IDU) since 1978.

[2] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[3] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Table 11.
HIV-1 Seroprevalence for Heterosexual Females[1] Attending Sexually Transmitted Disease (STD)[2] Clinics Selected California Counties and Cities By Age Group 1995 - 1996

Age Group	Number Tested 1996	Number Positive[3] 1996	Prevalence (%)		Percent Change 1995 to 1996
			1995	1996	
19 and Under	1,289	1	0.2	0.1	-50.0
20-24	1,652	6	0.4	0.4	0.0
25-29	1,288	10	0.5	0.8	60.0
30-34	989	9	0.2	0.9	350.0
35-39	713	3	0.9	0.4	-55.6
40-44	448	5	0.7	1.1	57.1
45 and Over	390	2	0.8	0.5	-37.5
Unknown	34	0	a	a	a
Total	6,803	36	0.5	0.5	0.0

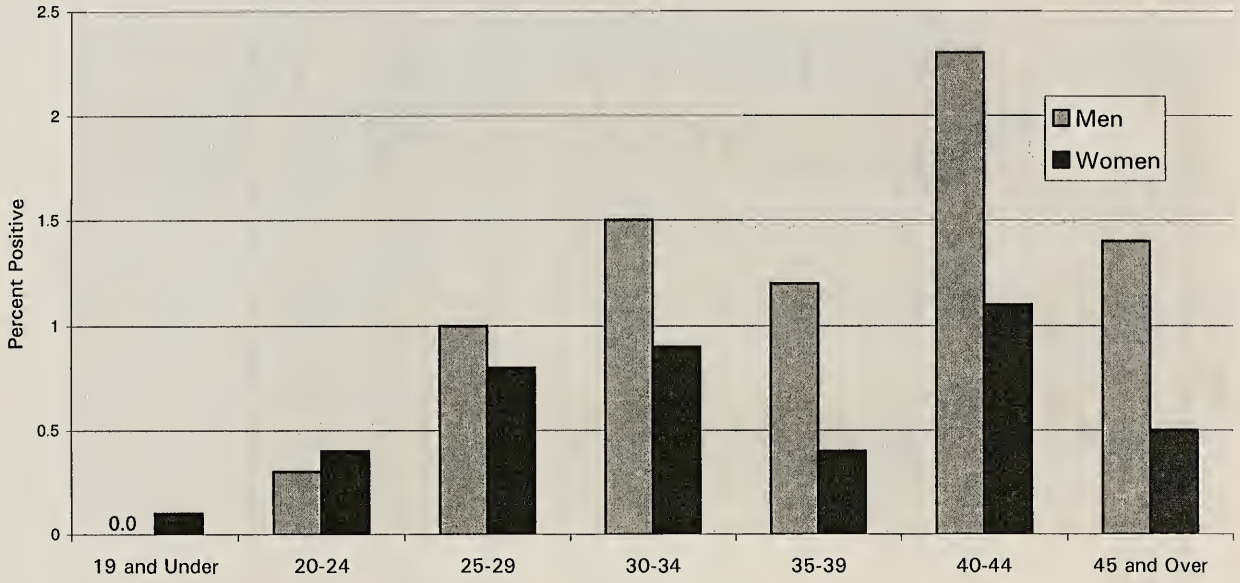
[1] Includes sex contact unknown risk and women who have a history of injection drug use (IDU) since 1978.

[2] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[3] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 7. HIV-1 Seroprevalence Among Heterosexuals Attending STD Clinics in Selected California Counties and Cities by Gender and Age Group, 1996



Note: Excludes Unknown age group.

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Table 12.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics by Transmission, Race/Ethnicity, and Age Group Category
Fresno County, January – June 1996

Mode of Transmission/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Transmission Category	MSM/Bisexual	0	0	a	b	b	b
	MSM/Bisexual, IDU[3]	0	0	a	b	b	b
	Heterosexual IDU	0	0	a	0	0	a
	Sex Partner at Risk for HIV	0	0	a	0	0	a
	Blood Recipient[4]	0	0	a	0	0	a
	Heterosexual	287	2	0.7	126	1	0.8
	Unknown Risk	4	0	a	0	0	a
Race/Ethnicity	White	60	0	a	23	0	a
	African/American	38	0	a	19	1	a
	Latino/Latina	175	1	0.6	72	0	a
	Asian/Pacific Am	10	0	a	7	0	a
	Native American	3	0	a	2	0	a
	Other/Unknown	5	1	a	3	0	a
Age Group	19 and Under	35	0	a	17	0	a
	20-24	68	0	a	27	0	a
	25-29	51	0	a	24	0	a
	30-34	45	1	a	10	0	a
	35-39	32	0	a	17	0	a
	40-44	20	0	a	13	1	a
	45 and Over	32	0	a	11	0	a
	Unknown	8	1	a	7	0	a
Total		291	2	0.7	126	1	0.8

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men who have a history injection drug use (IDU) since 1978.

[4] Includes persons with a history of blood transfusion(s) between January 1977 and March 1985.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

Table 13.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics by Transmission, Race/Ethnicity, and Age Group Category
Kern County, January – June 1996

Mode of Transmission/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Transmission Category	MSM/Bisexual	5	0	a	b	b	b
	MSM/Bisexual, IDU[3]	0	0	a	b	b	b
	Heterosexual IDU	7	0	a	9	0	a
	Hemophilia	1	0	a	0	0	a
	Sex Partner at Risk for HIV	4	0	a	4	0	a
	Blood Recipient[4]	1	0	a	1	0	a
	Heterosexual	258	1	0.4	191	0	0.0
	Unknown Risk	10	0	a	2	0	a
Race/Ethnicity	White	77	0	a	64	0	a
	African/American	63	1	a	51	0	a
	Latino/Latina	139	0	0.0	88	0	a
	Asian/Pacific Am	1	0	a	0	0	a
	Native American	1	0	a	1	0	a
	Other/Unknown	5	0	a	3	0	a
Age Group	19 and Under	60	0	a	67	0	a
	20-24	74	0	a	49	0	a
	25-29	34	0	a	23	0	a
	30-34	46	1	a	24	0	a
	35-39	30	0	a	15	0	a
	40-44	14	0	a	10	0	a
	45 and Over	16	0	a	9	0	a
	Unknown	12	0	a	10	0	a
Total		286	1	0.3	207	0	0.0

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men who have a history of injection drug use (IDU) since 1978.

[4] Includes persons with a history of blood transfusion(s) between January 1977 and March 1985.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

Table 14.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics by Transmission, Race/Ethnicity, and Age Group Category Los Angeles County, January – December 1996

Mode of Transmission/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Transmission Category	MSM/Bisexual	443	70	15.8	b	b	b
	MSM/Bisexual, IDU[3]	20	2	a	b	b	b
	Lesbian	b	b	b	163	1	0.6
	Lesbian/IDU	b	b	b	4	0	a
	Heterosexual IDU	118	4	3.4	52	0	a
	Hemophilia	0	0	a	0	0	a
	Sex Partner at Risk for HIV	116	4	3.4	60	4	6.7
	Blood Recipient[4]	68	1	a	88	2	a
	Heterosexual	7,248	72	1.0	4,662	24	0.5
	Unknown Risk	112	3	2.7	118	0	0.0
Race/Ethnicity	White	399	19	4.8	180	0	0.0
	African/American	4,573	83	1.8	2,691	21	0.8
	Latino/Latina	2,962	48	1.6	2,124	10	0.5
	Asian/Pacific Am	70	3	a	73	0	a
	Native American	8	0	a	9	0	a
	Other/Unknown	113	3	2.7	70	0	a
Age Group	19 and Under	750	0	0.0	960	0	0.0
	20-24	1,861	8	0.4	1,203	7	0.6
	25-29	1,768	34	1.9	954	8	0.8
	30-34	1,405	47	3.3	796	8	1.0
	35-39	979	31	3.2	570	2	0.4
	40-44	624	23	3.7	349	4	1.1
	45 and Over	738	13	1.8	315	2	0.6
Total		8,125	156	1.9	5,147	31	0.6

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence assay(IFA).

[3] Includes men who have sex with men (MSM) and bisexual men who have a history of injection drug use (IDU) since 1978.

[4] Includes persons with a history of blood transfusion(s) between January 1977 and March 1985.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

Table 15.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics by Transmission, Race/Ethnicity, and Age Group Category Riverside County, January – June 1996

Mode of Transmission/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Transmission Category	MSM/Bisexual	4	1	a	b	b	b
	MSM/Bisexual, IDU[3]	0	0	a	b	b	b
	Heterosexual IDU	0	0	a	0	0	a
	Sex Partner at Risk for HIV	0	0	a	1	0	a
	Blood Recipient[4]	0	0	a	0	0	a
	Heterosexual	30	1	a	44	0	a
	Unknown Risk	0	0	a	0	0	a
Race/Ethnicity	White	7	0	a	9	0	a
	African/American	2	1	a	5	0	a
	Latino/Latina	24	1	a	30	0	a
	Asian/Pacific Am	1	0	a	0	0	a
	Native American	0	0	a	0	0	a
	Other/Unknown	0	0	a	1	0	a
Age Group	19 and Under	4	0	a	9	0	a
	20-24	11	1	a	11	0	a
	25-29	6	0	a	10	0	a
	30-34	7	0	a	5	0	a
	35-39	4	1	a	7	0	a
	40-44	1	0	a	1	0	a
	45 and Over	1	0	a	2	0	a
	Unknown	0	0	a	0	0	a
Total		34	2	a	45	0	a

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men who have a history of injection drug use (IDU) since 1978.

[4] Includes persons with a history of blood transfusion(s) between January 1977 and March 1985.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

Table 16.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics by Transmission, Race/Ethnicity, and Age Group Category Sacramento County, January – June 1996

Mode of Transmission/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Transmission Category	MSM/Bisexual	5	0	a	b	b	b
	MSM/Bisexual, IDU[3]	0	0	a	b	b	b
	Heterosexual IDU	3	0	a	1	0	a
	Sex Partner at Risk for HIV	0	0	a	4	0	a
	Blood Recipient[4]	0	0	a	0	0	a
	Heterosexual	245	3	1.2	203	2	1.0
	Unknown Risk	27	0	a	15	0	a
Race/Ethnicity	White	116	2	1.7	95	1	a
	African/American	90	0	a	56	1	a
	Latino/Latina	50	0	a	49	0	a
	Asian/Pacific Am	15	0	a	12	0	a
	Native American	1	0	a	0	0	a
	Other/Unknown	8	1	a	11	0	a
Age Group	19 and Under	38	0	a	53	0	a
	20-24	74	1	a	53	0	a
	25-29	61	1	a	31	0	a
	30-34	34	1	a	32	2	a
	35-39	27	0	a	14	0	a
	40-44	15	0	a	16	0	a
	45 and Over	21	0	a	11	0	a
	Unknown	10	0	a	13	0	a
Total		280	3	1.1	223	2	0.9

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men who have a history of injection drug use (IDU) since 1978.

[4] Includes persons with a history of blood transfusion(s) between January 1977 and March 1985.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

Table 17.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics by Transmission, Race/Ethnicity, and Age Group Category
San Bernardino County, January – June 1996

Mode of Transmission/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Transmission Category	MSM/Bisexual	8	0	a	b	b	b
	MSM/Bisexual, IDU[3]	0	0	a	b	b	b
	Heterosexual IDU	7	0	a	2	0	a
	Sex Partner at Risk for HIV	10	0	a	9	0	a
	Blood Recipient[4]	0	0	a	1	0	a
	Heterosexual	277	0	0.0	181	0	0.0
	Unknown Risk	5	0	a	7	0	a
Race/Ethnicity	White	100	0	0.0	67	0	a
	African/American	96	0	a	45	0	a
	Latino/Latina	103	0	0.0	76	0	a
	Asian/Pacific Am	2	0	a	6	0	a
	Native American	1	0	a	2	0	a
	Other/Unknown	5	0	a	4	0	a
Age Group	19 and Under	41	0	a	47	0	a
	20-24	95	0	a	59	0	a
	25-29	60	0	a	34	0	a
	30-34	32	0	a	22	0	a
	35-39	30	0	a	24	0	a
	40-44	15	0	a	5	0	a
	45 and Over	18	0	a	6	0	a
	Unknown	16	0	a	3	0	a
Total		307	0	0.0	200	0	0.0

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men who have a history of injection drug use (IDU) since 1978.

[4] Includes persons with a history of blood transfusion(s) between January 1977 and March 1985.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

Table 18.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics by Transmission, Race/Ethnicity, and Age Group Category
San Diego County, January – June 1996

Mode of Transmission/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Transmission Category	MSM/Bisexual	26	7	a	b	b	b
	MSM/Bisexual, IDU[3]	0	0	a	b	b	b
	Heterosexual IDU	1	0	a	3	0	a
	Sex Partner at Risk for HIV	0	0	a	0	0	a
	Blood Recipient[4]	0	0	a	0	0	a
	Heterosexual	290	2	0.7	147	0	0.0
	Unknown Risk	19	1	a	10	0	a
Race/Ethnicity	White	146	6	4.1	72	0	a
	African/American	89	1	a	27	0	a
	Latino/Latina	79	2	2.5	40	0	a
	Asian/Pacific Am	7	1	a	10	0	a
	Native American	0	0	a	1	0	a
	Other/Unknown	15	0	a	10	0	a
Age Group	19 and Under	20	0	a	17	0	a
	20-24	80	0	a	33	0	a
	25-29	82	6	7.3	37	0	a
	30-34	59	0	a	32	0	a
	35-39	49	1	a	19	0	a
	40-44	22	1	a	9	0	a
	45 and Over	22	2	a	13	0	a
	Unknown	2	0	a	0	0	a
Total		336	10	3.0	160	0	0.0

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men who have a history of injection drug use (IDU) since 1978.

[4] Includes persons with a history of blood transfusion(s) between January 1977 and March 1985.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

Table 19.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics by Transmission, Race/Ethnicity, and Age Group Category
San Francisco County, January – December 1996

Mode of Transmission/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Transmission Category	MSM/Bisexual	809	202	25.0	b	b	b
	MSM/Bisexual, IDU[3]	64	17	26.6	b	b	b
	Heterosexual IDU	92	5	5.4	59	2	3.4
	Sex Partner at Risk for HIV	72	0	a	44	0	a
	Blood Recipient[4]	0	0	a	0	0	a
	Heterosexual	1,379	12	0.9	541	6	1.1
	Unknown Risk	332	43	13.0	179	1	0.6
Race/Ethnicity	White	1,336	159	11.9	325	5	1.5
	African/American	616	52	8.4	196	3	1.5
	Latino/Latina	500	40	8.0	156	0	0.0
	Asian/Pacific Am	197	11	5.6	97	0	a
	Native American	25	7	28.0	15	0	a
	Other/Unknown	74	10	13.5	34	1	a
Age Group	19 and Under	66	1	a	96	1	a
	20-24	433	9	2.1	219	0	0.0
	25-29	704	47	6.7	233	3	1.3
	30-34	557	66	11.8	113	2	1.8
	35-39	425	74	17.4	66	2	3.0
	40-44	275	49	17.8	51	1	2.0
	45 and Over	288	33	11.5	45	0	a
	Unknown	0	0	a	0	0	a
Total		2,748	279	10.1	823	9	1.1

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent assay (ELISA) and confirmed by a Western blot or Immunofluorescence assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men who have a history of injection drug use (IDU) since 1978.

[4] Includes persons with a history of blood transfusion(s) between January 1977 and March 1985.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

Table 20.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics by Transmission, Race/Ethnicity, and Age Group Category
San Joaquin County, January – June 1996

Mode of Transmission/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Transmission Category	MSM/Bisexual	3	1	a	b	b	b
	MSM/Bisexual, IDU[3]	0	0	a	b	b	b
	Heterosexual IDU	4	0	a	4	0	a
	Sex Partner at Risk for HIV	2	0	a	3	0	a
	Blood Recipient[4]	0	0	a	0	0	a
	Heterosexual	342	3	0.9	124	0	0.0
	Unknown Risk	20	2	a	12	1	a
Race/Ethnicity	White	74	1	a	40	0	a
	African/American	76	2	a	41	1	a
	Latino/Latina	195	3	1.5	51	0	a
	Asian/Pacific Am	11	0	a	8	0	a
	Native American	3	0	a	1	0	a
	Other/Unknown	12	0	a	2	0	a
Age Group	19 and Under	50	0	a	26	0	a
	20-24	99	2	a	26	0	a
	25-29	56	1	a	17	0	a
	30-34	51	0	a	26	1	a
	35-39	32	1	a	22	0	a
	40-44	31	2	a	13	0	a
	45 and Over	49	0	a	12	0	a
	Unknown	3	0	a	1	0	a
Total		371	6	1.6	143	1	0.7

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent assay (ELISA) and confirmed by a Western blot or Immunofluorescence assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men who have a history of injection drug use (IDU) since 1978.

[4] Includes persons with a history of blood transfusion(s) between January 1977 and March 1985.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

Table 21.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics by Transmission, Race/Ethnicity, and Age Group Category
San Luis Obispo County, January – June 1996

Mode of Transmission/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Transmission Category	MSM/Bisexual	3	0	a	b	b	b
	MSM/Bisexual, IDU[3]	0	0	a	b	b	b
	Heterosexual IDU	5	0	a	2	0	a
	Sex Partner at Risk for HIV	1	0	a	3	0	a
	Blood Recipient[4]	1	0	a	1	0	a
	Heterosexual	119	1	0.8	55	0	a
	Unknown Risk	19	0	a	13	0	a
Race/Ethnicity	White	94	1	a	52	0	a
	African/American	6	0	a	2	0	a
	Latino/Latina	42	0	a	16	0	a
	Asian/Pacific Am	1	0	a	1	0	a
	Native American	2	0	a	2	0	a
	Other/Unknown	3	0	a	1	0	a
Age Group	19 and Under	28	0	a	19	0	a
	20-24	56	0	a	16	0	a
	25-29	24	0	a	17	0	a
	30-34	14	0	a	6	0	a
	35-39	13	0	a	7	0	a
	40-44	5	0	a	5	0	a
	45 and Over	6	1	a	1	0	a
	Unknown	2	0	a	3	0	a
Total		148	1	0.7	74	0	a

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men who have a history of injection drug use (IDU) since 1978.

[4] Includes persons with a history of blood transfusion(s) between January 1977 and March 1985.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

Table 22.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics by Transmission, Race/Ethnicity, and Age Group Category
Long Beach City, January – June 1996

Mode of Transmission/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Transmission Category	MSM/Bisexual	11	6	54.5	b	b	b
	MSM/Bisexual, IDU[3]	0	0	a	b	b	b
	Heterosexual IDU	0	0	a	1	0	a
	Sex Partner at Risk for HIV	1	0	a	1	0	a
	Blood Recipient[4]	0	0	a	0	0	a
	Heterosexual	273	3	1.1	195	0	0.0
	Unknown Risk	6	0	a	0	0	a
Race/Ethnicity	White	73	5	6.8	42	0	a
	African/American	129	3	2.3	92	0	a
	Latino/Latina	70	1	a	46	0	a
	Asian/Pacific Am	17	0	a	11	0	a
	Native American	0	0	a	0	0	a
	Other/Unknown	2	0	a	6	0	a
Age Group	19 and Under	33	0	a	35	0	a
	20-24	77	0	a	53	0	a
	25-29	53	2	a	40	0	a
	30-34	55	2	a	22	0	a
	35-39	27	4	14.8	21	0	a
	40-44	21	0	a	16	0	a
	45 and Over	25	1	a	10	0	a
	Unknown	0	0	a	0	0	a
Total		291	9	3.1	197	0	0.0

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent assay (ELISA) and confirmed by a Western blot or Immunofluorescence assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men who have a history of injection drug use (IDU) since 1978.

[4] Includes persons with a history of blood transfusion(s) between January 1977 and March 1985.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

Table 23.
HIV-1 Seroprevalence for Clients Attending Sexually Transmitted Disease (STD)[1] Clinics by Transmission, Race/Ethnicity, and Age Group Category
Berkeley City, January – December 1996

Mode of Transmission/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Transmission Category	MSM/Bisexual	39	3	a	b	b	b
	MSM/Bisexual, IDU[3]	2	0	a	b	b	b
	Heterosexual IDU	22	0	a	11	0	a
	Sex Partner at Risk for HIV	11	0	a	29	0	a
	Blood Recipient[4]	2	0	a	2	0	a
	Heterosexual	435	3	0.7	190	1	0.5
	Unknown Risk	6	0	a	12	0	a
Race/Ethnicity	White	162	1	0.6	72	0	a
	African/American	261	5	1.9	131	1	0.8
	Latino/Latina	47	0	a	10	0	a
	Asian/Pacific Am	16	0	a	16	0	a
	Native American	1	0	a	0	0	a
	Other/Unknown	30	0	a	15	0	a
Age Group	19 and Under	36	0	a	52	0	a
	20-24	100	0	0.0	61	0	a
	25-29	116	1	0.9	32	1	a
	30-34	85	4	4.7	33	0	a
	35-39	78	0	a	30	0	a
	40-44	41	1	a	13	0	a
	45 and Over	58	0	a	22	0	a
	Unknown	3	0	a	1	0	a
Total		517	6	1.2	244	1	0.4

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent assay (ELISA) and confirmed by a Western blot or Immunofluorescence assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men who have a history of injection drug use (IDU) since 1978.

[4] Includes persons with a history of blood transfusion(s) between January 1977 and March 1985.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

DRUG TREATMENT CENTERS

SURVEYS OF ADULTS IN DRUG TREATMENT CENTERS (DTC)

The seroprevalence survey in drug treatment centers (DTC) includes persons who enter participating DTC and who report injecting illicit drugs during the previous year. During 1996, unlinked (blinded) surveys to determine rates of HIV-1 infection among DTC clients were conducted in eight centers in five local health departments[1]. In all, 2,031 serum samples were tested during 1996. The seroprevalence for all centers increased from 3.0 percent in 1995[2] to 3.2 percent in 1996 (Table 24).

HIV seroprevalence among injection drug users (IDUs) in selected California counties ranged from a high of 7.8 percent in *Alameda* to a low of 0.4 percent in *Santa Clara*. Compared to the previous year, seroprevalence increased in *Alameda* and *Los Angeles* and decreased in *Contra Costa* and *Santa Clara* counties (Table 24, Figure 8).

Among gender and transmission categories between 1995 and 1996, there were decreases for both men and women with *heterosexual orientation* (Table 25). Men represented 62.9 percent (1,277) of the total DTC population of which 34 (2.7 percent) were HIV seropositive, up from 2.4 in 1995. Women represented 36.7 percent (745) of the total DTC population of which 29 (3.9 percent) were HIV seropositive, down from 4.2 in 1995.

Table 26 and Figure 9 show the seroprevalence among gender and race/ethnicity categories. During 1996, 46.9 percent (953) of the specimens tested in DTC were of *White* origin; 31.0 percent (629) of *Latinas/os* origin; 17.5 percent (356) of *African American* origin; 1.4 percent (28) of *American Indian/Alaskan Native* origin; and 1.1 percent (23) of *Asian/Pacific Islander* origin. Among *White* men the seroprevalence of 0.8 percent decreased from 1.6 percent in 1995. *White* women showed an increase from 1.6 percent in 1995 to 1.9 percent in 1996. HIV seroprevalence was highest among *African American* men and women (9.3 percent and 11.6 percent, respectively). Among *African American* men the seroprevalence of 9.3 percent showed an increase from 7.9 percent in 1995, however *African American* women showed a decrease from 14.5 percent in 1995 to 11.6 percent in 1996. During 1996 seroprevalence for Latino men was 1.7 percent compared to 0.7 percent in 1995. Latina women increased from 1.3 percent in 1995 and 2.5 percent in 1996. Latino men and women had the highest percent increase between 1995 and 1996 (142.9 percent and 92.3 percent respectively).

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[1] Alameda, Contra Costa, Los Angeles, San Diego, and Santa Clara.

[2] All 1995 data from: State of California, Department of Health Services, Office of AIDS, HIV/AIDS Epidemiology Branch, California HIV Seroprevalence Annual Report 1995, May 1997.

Table 27 and Figure 10 show that seroprevalences were highest among men in age group *40-44* (3.4 percent) and in women *45 and Over* (5.5 percent). Compared to 1995, men in age group *40-44* and *45 and Over* showed an increase (9.7 percent and 19.0 percent, respectively). Among women, age group *45 and Over* showed an increase (89.7 percent). Remaining age groups showed a decrease in seroprevalence compared to 1996.

Tables 28 through 32 present seroprevalence data from the sentinel sites by sexual orientation, race/ethnicity, and age group.

Table 24.
HIV-1 Seroprevalence for Injection Drug Users Entering Drug Treatment Centers (DTC)[1] Selected California Counties 1995 - 1996

Selected Counties	Number Tested 1996	Number Positive[2] 1996	Prevalence (%)		Percent Change 1995 to 1996
			1995	1996	
Alameda	358	28	5.6	7.8	39.3
Contra Costa[3]	409	15	5.4	3.7	-31.5
Los Angeles	882	11	0.9	1.2	33.3
San Diego[4]	145	9	a	6.2	a
Santa Clara	237	1	2.0	0.4	-80.0
Total	2,031	64	3.0	3.2	6.7

[1] Includes persons entering methadone treatment who have a history of injection drug use (IDU) since 1978. Excludes persons with a prior admission to treatment during the survey period, and persons who were preferentially admitted to treatment due to HIV/AIDS. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

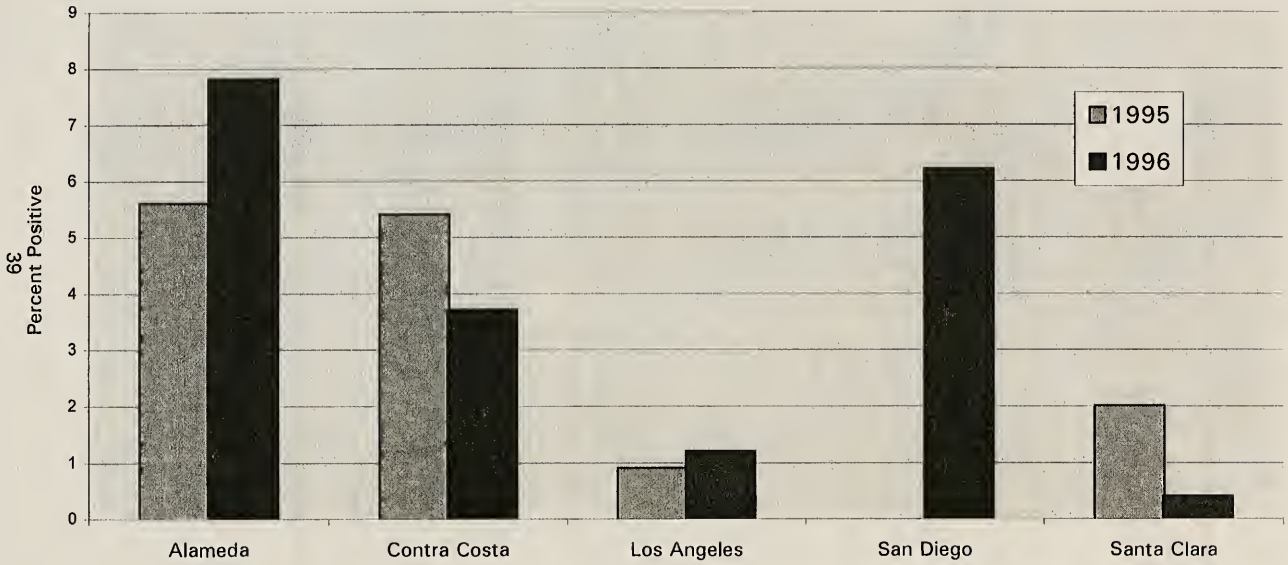
[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence assay (IFA).

[3] Data comparisons for 1995 and 1996 have limitations. Contra Costa collected data from two sites for twelve months in 1995, and one site for six months in 1996.

[4] Data collection for January-June 1996.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 8. HIV-1 Seroprevalence for Injection Drug Users Entering Drug Treatment Centers (DTC) in Selected California Counties, 1995 - 1996



Note: Excludes San Diego County for 1995 because seroprevalence was not calculated for fewer than 100 tested and number positive less than or equal to 3.

California Department of Health Services
Office of AIDS, 1998

California HIV Seroprevalence Report, 1996

Table 25.
HIV-1 Seroprevalence for Injection Drug Users Entering Drug Treatment Centers (DTC)[1] Selected California Counties By Gender and Sexual Orientation Category 1995 - 1996

Gender and Sexual Orientation	Number Tested 1996	Number Positive[2] 1996	Prevalence (%)		Percent Change 1995 to 1996
			1995	1996	
MALE					
MSM/Bisexual[3]	47	4	a	8.5	a
Heterosexual	1,128	27	2.5	2.4	-4.0
Unknown Orientation	102	3	1.4	2.9	107.1
Sub-Total MALE	1,277	34	2.4	2.7	12.5
FEMALE					
Lesbian/Bisexual	57	2	a	a	a
Heterosexual	631	26	4.7	4.1	-12.8
Unknown Orientation	57	1	a	a	a
Sub-Total FEMALE	745	29	4.2	3.9	-7.1
Missing Gender	9	1	a	a	a
Total	2,031	64	3.0	3.2	6.7

[1] Includes persons entering methadone treatment who have a history of injection drug use (IDU) since 1978. Excludes persons with a prior admission to treatment during the survey period, and persons who were preferentially admitted to treatment due to HIV/AIDS. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Table 26.
HIV-1 Seroprevalence for Clients Entering Drug Treatment Centers (DTC)[1] Clinics Selected California Counties By Gender and Race/Ethnicity 1995 - 1996

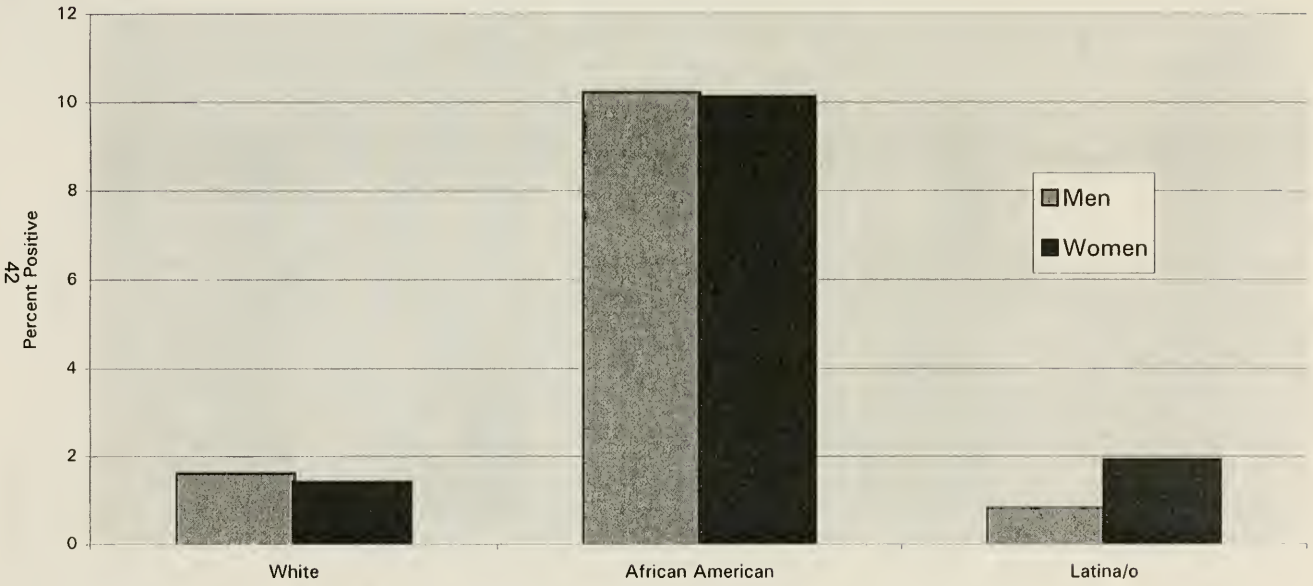
Gender and Race/Ethnicity	Number Tested 1996	Number Positive[2] 1996	Prevalence (%)		Percent Change 1995 to 1996
			1995	1996	
MALE					
White	533	4	1.6	0.8	-50.0
African American	227	21	7.9	9.3	17.7
Latino	468	8	0.7	1.7	142.9
Asian/Pacific Islander	15	1	a	a	a
American Indian/Alaskan Native	12	0	a	a	a
None of the Above	22	0	a	a	a
Sub-Total Male	1,277	34	2.4	2.7	12.5
FEMALE					
White	420	8	1.6	1.9	18.8
African American	129	15	14.5	11.6	-20.0
Latina	161	4	1.3	2.5	92.3
Asian/Pacific Islander	8	0	a	a	a
American Indian/Alaskan Native	16	2	a	a	a
None of the Above	11	0	a	a	a
Sub-Total Female	745	29	4.2	3.9	-7.1
Missing Gender	9	1	a	a	a
Total	2,031	64	3.0	3.2	6.7

[1] Includes persons entering methadone treatment who have a history of injection drug use (IDU) since 1978. Excludes persons with a prior admission to treatment during the survey period, and persons who were preferentially admitted to treatment due to HIV/AIDS. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 9. HIV-1 Seroprevalence for Injection Drug Users Entering Drug Treatment Centers (DTC) in Selected California Counties by Gender and Race/Ethnicity, 1996



Note: Excludes Asian/Pacific Islander, American Indian/Alaskan Native, and Other/Unknown race/ethnicity because seroprevalence was not calculated for fewer than 100 tested and number positive less than or equal to 3.

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Table 27.
HIV-1 Seroprevalence for Clients Entering Drug Treatment Centers (DTC)[1] Clinics Selected California Counties By Gender and Age Group 1995 - 1996

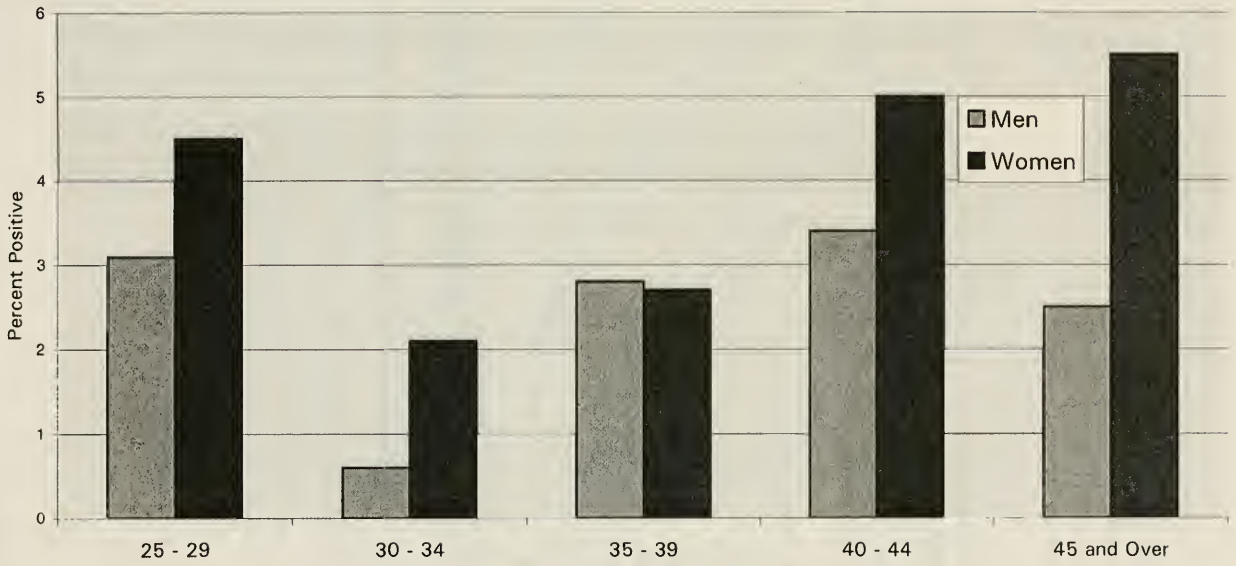
Gender and Age Group	Number Tested 1996	Number Positive[2] 1996	Prevalence (%)		Percent Change 1995 to 1996
			1995	1996	
MALE					
19 and Under	6	1	a	a	a
20–24	37	1	a	a	a
25–29	96	3	a	a	a
30–34	166	1	0.6	0.6	0.0
35–39	246	7	4.1	2.8	-31.7
40–44	321	11	3.1	3.4	9.7
45 and Over	405	10	2.1	2.5	19.0
Unknown	0	0	a	a	a
Sub-Total Male	1,277	34	2.4	2.7	12.5
FEMALE					
19 and Under	3	0	a	a	a
20-24	25	1	a	a	a
25-29	67	3	5.7	a	a
30-34	141	3	2.9	2.1	-27.6
35-39	182	5	5.0	2.7	-46.0
40-44	179	9	5.2	5.0	-3.8
45 and Over	146	8	2.9	5.5	89.7
None of the Above	2	0	a	a	a
Sub-Total Female	745	29	4.2	3.9	-7.1
Missing Gender	9	1	a	a	a
Total	2,031	64	3.0	3.2	6.7

[1] Includes persons entering methadone treatment who have a history of injection drug use (IDU) since 1978. Excludes persons with a prior admission to treatment during the survey period, and persons who were preferentially admitted to treatment due to HIV/AIDS. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 10. HIV-1 Seroprevalence for Injection Drug Users Entering Drug Treatment Centers (DTC) in Selected California Counties by Gender and Age Group, 1995



Note: Excludes 19 and Under, 20 - 24, and Unknown age groups (not calculated for fewer than 100 tested and number positive less than or equal to 3).

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Table 28.
HIV-1 Seroprevalence for Injection Drug Users Entering Drug Treatment Centers (DTC)[1] by Sexual Orientation, Race/Ethnicity, and Age Group Category Alameda County, January – December 1996

Sexual Orientation/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Sexual Orientation	MSM/Bisexual[3]	2	1	a	b	b	b
	Lesbian/Bisexual	b	b	b	5	0	a
	Heterosexual	223	13	5.8	118	13	11.0
	Unknown Orientation	7	1	a	3	0	a
Race/Ethnicity	White	61	1	a	45	1	a
	African/American	88	11	12.5	54	11	20.4
	Latino/Latina	75	2	a	22	0	a
	Asian/Pacific Am	4	1	a	1	0	a
	Native American	3	0	a	4	1	a
	Other/Unknown	1	0	a	0	0	a
Age Group	19 and Under	0	0	a	0	0	a
	20-24	4	0	a	4	0	a
	25-29	14	1	a	7	0	a
	30-34	27	0	a	19	1	a
	35-39	39	2	5.1	41	3	7.3
	40-44	61	5	8.2	33	3	9.1
	45 and Over	87	7	8.0	22	6	27.3
	Unknown	0	0	a	0	0	a
Total		232	15	6.5	126	13	10.3

[1] Includes persons entering methadone treatment who have a history of injection drug use (IDU) since 1978. Excludes persons with a prior admission to treatment during the survey period, and persons who were preferentially admitted to treatment due to HIV/AIDS. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

Table 29.
HIV-1 Seroprevalence for Injection Drug Users Entering Drug Treatment Centers (DTC)[1] by Sexual Orientation, Race/Ethnicity, and Age Group Category
Contra Costa County, January – June 1996[2]

Sexual Orientation/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[3]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Sexual Orientation	MSM/Bisexual[4]	4	0	a	b	b	b
	Lesbian/Bisexual	b	b	b	15	1	6.7
	Heterosexual	243	9	3.7	146	5	3.4
	Unknown Orientation	0	0	a	1	0	a
Race/Ethnicity	White	128	0	a	109	1	0.9
	African/American	68	6	8.8	39	4	10.3
	Latino/Latina	46	3	a	10	1	a
	Asian/Pacific Am	0	0	a	1	0	a
	Native American	0	0	a	1	0	a
	Other/Unknown	5	0	a	2	0	a
Age Group	19 and Under	0	0	a	1	0	a
	20-24	6	0	a	5	0	a
	25-29	14	0	a	10	2	a
	30-34	28	0	a	29	0	a
	35-39	53	4	7.5	44	0	a
	40-44	72	4	5.6	43	4	9.3
	45 and Over	74	1	a	30	0	a
	Unknown	0	0	a	0	0	a
Total		247	9	3.6	162	6	3.7

[1] Includes persons entering methadone treatment who have a history of injection drug use (IDU) since 1978. Excludes persons with a prior admission to treatment during the survey period, and persons who were preferentially admitted to treatment due to HIV/AIDS. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2] Two sites collected data, one site collected data for six months only.

[3] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[4] Includes men who have sex with men (MSM) and bisexual men.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

Table 30.
HIV-1 Seroprevalence for Injection Drug Users Entering Drug Treatment Centers (DTC)[1] by Sexual Orientation, Race/Ethnicity, and Age Group Category Los Angeles County, January – December 1996

Sexual Orientation/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Sexual Orientation	MSM/Bisexual[3]	9	0	a	b	b	b
	Lesbian/Bisexual	b	b	b	24	1	4.2
	Heterosexual	466	4	0.9	261	3	1.1
	Unknown Orientation	77	2	2.6	45	1	2.2
Race/Ethnicity	White	240	2	0.8	193	3	1.6
	African/American	54	2	3.7	25	0	a
	Latino/Latina	241	2	0.8	95	1	1.1
	Asian/Pacific Am	4	0	a	1	0	a
	Native American	5	0	a	10	1	a
	Other/Unknown	8	0	a	6	0	a
Age Group	19 and Under	3	0	a	0	0	a
	20-24	18	0	a	12	0	a
	25-29	48	1	a	43	0	a
	30-34	79	0	a	64	1	a
	35-39	118	1	0.8	71	1	a
	40-44	121	2	1.7	73	2	a
	45 and Over	165	2	1.2	67	1	a
	Unknown	0	0	a	0	0	a
Total		552	6	1.1	330	5	1.5

[1] Includes persons entering methadone treatment who have a history of injection drug use (IDU) since 1978. Excludes persons with a prior admission to treatment during the survey period, and persons who were preferentially admitted to treatment due to HIV/AIDS. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent assay (ELISA) and confirmed by a Western blot or Immunofluorescence assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

Table 31.
HIV-1 Seroprevalence for Injection Drug Users Entering Drug Treatment Centers (DTC)[1] by Sexual Orientation, Race/Ethnicity, and Age Group Category San Diego County, January – June 1996

Sexual Orientation/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Sexual Orientation	MSM/Bisexual[3]	32	3	a	b	b	b
	Lesbian/Bisexual	b	b	b	7	0	a
	Heterosexual	57	1	a	25	5	20.0
	Unknown Orientation	17	0	a	5	0	a
Race/Ethnicity	White	27	1	a	9	3	a
	African/American	14	2	a	9	0	a
	Latino/Latina	48	1	a	11	2	a
	Asian/Pacific Am	6	0	a	4	0	a
	Native American	4	0	a	1	0	a
	Other/Unknown	7	0	a	3	0	a
Age Group	19 and Under	2	1	a	2	0	a
	20-24	8	1	a	4	1	a
	25-29	14	1	a	4	1	a
	30-34	20	1	a	11	1	a
	35-39	21	0	a	6	1	a
	40-44	20	0	a	4	0	a
	45 and Over	21	0	a	6	1	a
	Unknown	0	0	a	0	0	a
Total		106	4	3.8	37	5	13.5

[1] Includes persons entering methadone treatment who have a history of injection drug use (IDU) since 1978. Excludes persons with a prior admission to treatment during the survey period, and persons who were preferentially admitted to treatment due to HIV/AIDS. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

Table 32.
HIV-1 Seroprevalence for Injection Drug Users Entering Drug Treatment Centers (DTC)[1] by Sexual Orientation, Race/Ethnicity, and Age Group Category Santa Clara County, January – December 1996

Sexual Orientation/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Sexual Orientation	MSM/Bisexual[3]	0	0	a	b	b	b
	Lesbian/Bisexual	b	b	b	6	0	a
	Heterosexual	139	0	0.0	81	0	a
	Unknown Orientation	1	0	a	3	0	a
Race/Ethnicity	White	77	0	a	64	0	a
	African/American	3	0	a	2	0	a
	Latino/Latina	58	0	a	23	0	a
	Asian/Pacific Am	1	0	a	1	0	a
	Native American	0	0	a	0	0	a
	Other/Unknown	1	0	a	0	0	a
Age Group	19 and Under	1	0	a	0	0	a
	20-24	1	0	a	0	0	a
	25-29	6	0	a	3	0	a
	30-34	12	0	a	18	0	a
	35-39	15	0	a	20	0	a
	40-44	47	0	a	26	0	a
	45 and Over	58	0	a	21	0	a
	Unknown	0	0	a	2	0	a
Total		140	0	a	90	0	a

[1] Includes persons entering methadone treatment who have a history of injection drug use (IDU) since 1978. Excludes persons with a prior admission to treatment during the survey period, and persons who were preferentially admitted to treatment due to HIV/AIDS. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent assay (ELISA) and confirmed by a Western blot or Immunofluorescence assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

Note: Santa Clara had one positive among unknown gender.

BLOOD BANKS
AND PLASMA CENTERS

SURVEY AMONG BLOOD BANKS AND PLASMA CENTERS

The California Department of Health Services, Office of AIDS (CDHS/OA), began monitoring data from the routine testing of blood donors in 1987. HIV prevalences among donors are lower than those of the general population because persons at increased risk for HIV infection are actively discouraged from donating.

This report summarizes data from HIV-1 antibody screening of blood and blood products collected in selected California counties and cities for 1996. Additional county data are available through the Office of AIDS. CDHS/OA received reports of testing results from 49 blood banks and 16 plasma centers. This information represents data from California facilities required to report HIV-1/HIV-2[1] antibody test results to CDHS/OA.

In 1996, 982,057 specimens from selected California blood banks[2] were tested, of which 33 (0.003 percent) were seropositive. The overall prevalence decreased from 0.004 percent in 1995[3] to 0.003 percent in 1996. HIV seroprevalence in selected California blood banks ranged from zero to 0.010 percent (Table 33).

In 1996, 536,018 specimens from selected California plasma centers[4] were tested, of which 137 (0.026 percent) were seropositive, compared to 105 (0.019 percent) in 1995[3,5] (Table 34). HIV seroprevalence in selected California plasma centers ranged from 0.005 to 0.073 percent.

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[1]Testing for HIV-2 began the second quarter of 1992. Data collected through 1996 showed 14 confirmed positive for HIV-2. To date, the U.S. Food and Drug Administration has not licensed a confirmatory test for HIV-2 infection. Currently, reactive HIV-2 EIAs are confirmed by unlicensed tests. Cross-reactivity between HIV-1 and HIV-2 is a strong possibility in instances where HIV-2 is confirmed by existing unlicensed testing.

[2]Alameda, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Clara and the City of Long Beach.

[3]State of California, Department of Health Services, Office of AIDS, HIV/AIDS Epidemiology Branch, California HIV Seroprevalence Annual Report 1995, May 1997.

[4]Alameda, Fresno, Los Angeles, Riverside, San Bernardino, San Diego, and the City of Long Beach.

[5]Data collection for 1996 has been discontinued for Plasma Centers in Sacramento. In order to make comparisons the same site was dropped from 1995 data.

Table 33.
HIV-1 Seroprevalence for Units Collected
Selected California Blood Banks
1995 - 1996

County/City of Residence	Number Tested 1996	Number Positive[1] 1996	Prevalence (%)		Percent Change 1995 to 1996
			1995	1996	
Alameda	62,827	1	0.001	0.002	100.0
Fresno	51,527	2	0.002	0.004	100.0
Kern	25,461	1	0.000	0.004	a
Los Angeles	341,895	12	0.005	0.004	-20.0
Riverside	13,122	0	0.000	0.000	0.0
Sacramento	117,322	1	0.005	0.001	-80.0
San Bernardino	74,725	2	0.009	0.003	-66.7
San Diego	102,636	10	0.005	0.010	100.0
San Francisco	93,090	3	0.004	0.003	-25.0
San Joaquin	32,369	1	0.003	0.003	0.0
San Luis Obispo	20,699	0	0.000	0.000	0.0
Santa Clara	44,026	0	0.001	0.000	-100.0
Long Beach	2,358	0	0.055	0.000	-100.0
Total	982,057	33	0.004	0.003	-25.0

[1]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a] Not Applicable.

Table 34.
HIV-1 Seroprevalence for Units Collected
Selected California Plasma Centers
1995 - 1996

County/City of Residence	Number Tested 1996	Number Positive[1] 1996	Prevalence (%)		Percent Change 1995 to 1996
			1995	1996	
Alameda	2,747	2	0.022	0.073	231.8
Fresno	40,505	2	0.008	0.005	-37.5
Los Angeles	62,373	40	0.035	0.064	82.9
Riverside	62,116	6	0.015	0.010	-33.3
San Bernardino	61,366	11	0.008	0.018	125.0
San Diego	215,611	54	0.022	0.025	13.6
Long Beach	91,300	22	0.029	0.024	-17.2
Total	536,018	137	0.019	0.026	36.8

[1]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a] Not Applicable.

Note: To make data comparable, Sacramento data were deleted from 1995 data because there were no Sacramento data for 1996.

CIVILIAN APPLICANTS FOR MILITARY SERVICE

SURVEY AMONG CIVILIAN APPLICANTS FOR MILITARY SERVICE

Since October 1985, all persons applying for active duty or reserve military service, the service academies, and the Reserve Officer Training Corps (ROTC) have been screened for HIV infection as part of their entrance medical evaluation. Applicants found to be HIV positive are excluded from military service but receive counseling from a military physician and referrals to HIV/AIDS specialists and counselors in their own communities. Data from this group are important because of the large number of persons screened and because the applicants include both sexes and all racial and ethnic groups from all areas of the country. The Department of Defense shares the resulting statistical data with the Centers for Disease Control and Prevention (CDC) for HIV surveillance purposes. The CDC in turn provides this information (excluding personal identifiers) to state and local health departments.

Prior to July 1993, before medical evaluations, applicants were interviewed about drug use and homosexual activity, both of which were grounds for exclusion from entry into military service. Potential applicants were informed that they would be screened for HIV antibodies and excluded from entry if infected. Therefore, injecting drug users, men who have sex with men, and persons who suspected or were already aware they were infected with HIV were likely to have been under represented among those applicants actually tested. In 1993, President Clinton authorized the "don't ask, don't tell policy" and applicants could no longer be asked about homosexual activity.

This report summarizes data for 13 selected California counties[1]. Additional county data are available through the Office of AIDS. In 1996, a total of 22,933 specimens from these selected counties was tested for HIV antibodies (Table 35). Of these, 0.04 percent were seropositive, remaining unchanged from 1995[2]. Prevalence ranged ranged from zero positives in nine counties to a high of 0.11 percent in Kern county.

As shown in Table 36, males represented 83.2 percent (19,080) of the total civilian applicants for these counties, of which seven (0.04 percent) were seropositive, remaining unchanged from 1995. Females represented 16.8 percent (3,853) of the total civilian applicants for these counties, of which two (0.05 percent) were seropositive (Table 37).

In 1996, age-specific prevalence for men decreased in age groups *19 and Under*, *30-34*, and *35-39*, and remained the same in all other age groups. Among men, age group *35-39* showed the highest prevalence of 0.29 percent.

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[1] Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino San Diego, San Francisco, San Joaquin, San Luis Obispo, and Santa Clara.

[2] All 1995 data from: State of California, Department of Health Services, Office of AIDS, HIV/AIDS Epidemiology Branch, California HIV Seroprevalence Annual Report 1995, May 1997.

Compared to 1995, seroprevalence among *White, Latino*, and *Asian/Pacific Islander* men decreased, however *African American* men showed an increase (15.8 percent). *American Indian/Alaskan* men had the highest seroprevalence (0.49 percent).

Among women, all positives were in age group *19 and Under* with a prevalence of 0.09 percent (Table 37). *White* women accounted for all positives with a prevalence of 0.12 percent.

Table 35.
HIV-1 Seroprevalence for Civilian Applicants for Military Service
Selected California Counties[1]
1995 - 1996

County of Residence	Number Tested 1996	Number Positive[2] 1996	Prevalence (%)		Percent Change 1995 to 1996
			1995	1996	
Alameda	1,016	0	0.00	0.00	0.0
Contra Costa	692	0	0.00	0.00	0.0
Fresno	763	0	0.00	0.00	0.0
Kern	887	1	0.00	0.11	a
Los Angeles	7,944	4	0.03	0.05	66.7
Riverside	1,717	1	0.06	0.06	0.0
Sacramento	1,523	0	0.06	0.00	-100.0
San Bernardino	2,270	0	0.09	0.00	-100.0
San Diego	3,684	3	0.03	0.08	166.7
San Francisco	389	0	0.00	0.00	0.0
San Joaquin	715	0	0.16	0.00	-100.0
San Luis Obispo	287	0	0.00	0.00	0.0
Santa Clara	1,046	0	0.00	0.00	0.0
Total	22,933	9	0.04	0.04	0.0

[1] Data provided by Centers for Disease Control and Prevention, National Center for HIV/STD/TB Prevention, Division of HIV/AIDS Prevention, Civilian Applicants for Military Service.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or immunofluorescence Assay (IFA).

[a] Not Applicable.

Note: 1995 data have been adjusted to reflect updates from the Department of Defense.

Table 36.
HIV-1 Seroprevalence for Male Civilian Applicants for Military Service By Age Group and Race/Ethnicity Selected California Counties[1] 1995 - 1996

Selected Counties	Number Tested 1996	Number Positive[2] 1996	Prevalence (%)		Percent Change 1995 to 1996
			1995	1996	
Age-Group					
19 and Under	10,131	0	0.01	0.00	-100.0
20 – 24	5,604	2	0.00	0.04	a
25 – 29	1,837	3	0.16	0.16	0.0
30 – 34	894	1	0.37	0.11	-70.3
35 – 39	343	1	0.43	0.29	-32.6
40 – 44	154	0	0.00	0.00	0.0
45 and Over	117	0	0.00	0.00	0.0
Race/Ethnicity					
White	8,777	1	0.02	0.01	-50.0
African American	2,283	5	0.19	0.22	15.8
Latino	5,145	0	0.02	0.00	-100.0
Asian/Pacific Islander	2,279	0	0.05	0.00	-100.0
American Indian/Alaskan	203	1	0.00	0.49	a
None of the Above	393	0	0.00	0.00	0.0
Total	19,080	7	0.04	0.04	0.0

[1] Data provided by Centers for Disease Control and Prevention, National Center for HIV/STD/TB Prevention, Division of HIV/AIDS Prevention, Civilian Applicants for Military Service.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a] Not Applicable.

Note: 1995 data have been adjusted to reflect updates from the Department of Defense.

Table 37.
HIV-1 Seroprevalence for Female Civilian Applicants for Military Service By Age Group and Race/Ethnicity Selected California Counties[1] 1995 - 1996

Selected Counties	Number Tested 1996	Number Positive[2] 1996	Prevalence (%)		Percent Change 1995 to 1996
			1995	1996	
Age-Group					
19 and Under	2,181	2	0.00	0.09	a
20 – 24	1,025	0	0.00	0.00	0.0
25 – 29	371	0	0.00	0.00	0.0
30 – 34	175	0	0.00	0.00	0.0
35 – 39	72	0	b	b	b
40 – 44	18	0	b	b	b
45 and Over	11	0	b	b	b
Race/Ethnicity					
White	1,719	2	0.00	0.12	a
African American	777	0	0.00	0.00	0.0
Latino	848	0	0.00	0.00	0.0
Asian/Pacific Islander	389	0	0.00	0.00	0.0
American Indian/Alaskan	43	0	b	b	b
None of the Above	77	0	b	b	b
Total	3,853	2	0.00	0.05	a

[1] Data provided by Centers for Disease Control and Prevention, National Center for HIV/STD/TB Prevention, Division of HIV/AIDS Prevention, Civilian Applicants for Military Service.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a] Not Applicable.

[b] Not calculated for fewer than 100 tested and number less than or equal to 3.

Note: 1995 data have been adjusted to reflect updates from the Department of Defense.

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September 20, 1999

TO: Interested Parties

SUBJECT: CALIFORNIA HIV SEROPREVALENCE ANNUAL REPORT 1997

I am pleased to make available to you the *California HIV Seroprevalence Annual Report 1997*. The data in this report were gathered in 1997 by the California Department of Health Services, Office of AIDS, in collaboration with local health departments, the Centers for Disease Control and Prevention, California blood banks and plasma centers, and the United States Department of Defense.

The data have been useful to many local health departments in monitoring the HIV epidemic locally, targeting prevention activities and other services, and making other public health policy decisions.

I hope you find the data useful in your local HIV serosurveillance activities as well as the community HIV prevention planning process. You can access an electronic version of this report on the World Wide Web at **http://www.dhs.ca.gov/AIDS**. If you have any questions about this annual report, please contact Donna Zukowski or Juan D. Ruiz, M.D., Dr. P.H. at (916) 445-0553.

Vanessa Baird

Vanessa Baird
Acting Chief
Office of AIDS

CALIFORNIA HIV SEROPREVALENCE ANNUAL REPORT 1997

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California Department of Health Services
June 1999

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GLOSSARY OF ACRONYMS

ELISA	Enzyme-linked immunosorbent assay
CDC	Centers for Disease Control and Prevention
DTC	Drug treatment center
HFS	HIV Family of Surveys
HIV	Human immunodeficiency virus
IDU	Injection drug use
IFA	Immunofluorescence assay
MSM	Men who have sex with men
STD	Sexually transmitted diseases

CALIFORNIA HIV SEROPREVALENCE ANNUAL REPORT 1997

Background

Since the summer of 1988, the California Department of Health Services, Office of AIDS (CDHS/OA) has participated in Human Immunodeficiency Virus (HIV) Family of Surveys (HFS) funded by the Centers for Disease Control and Prevention (CDC). The objectives of sentinel serosurveillance are to 1) provide state and local health officials and the general public with information on HIV prevalence in various populations, so that education and prevention programs can be developed, targeted, and evaluated; 2) indicate the magnitude and extent of HIV infection by demographic and behavioral subgroup and by geographic area; 3) indicate regional and national changes over time in the prevalence of infection in specific populations defined by HIV risk behaviors and demographic characteristics; and 4) assist in projecting the number of children and adults who will develop HIV-associated illness and require medical care.

The serosurveys are clinic-based and are conducted annually in selected sentinel sites throughout the State. They are designed to establish baseline HIV seroprevalence rates, monitor HIV trends in known high-risk or cross-over groups, and serve as an early warning system for the possible spread of HIV from these groups into the general population.

All of these surveys use anonymous, unlinked (blinded) HIV testing. In unlinked surveys, samples gathered from discarded blood originally collected from consecutive eligible clients for routine diagnostic purposes are tested for HIV antibodies after all personal identifying information has been removed. The HIV test results as well as risk information obtained from medical records cannot be linked to specific individuals.

This summary presents results of the HIV serosurveillance activities from surveys in sentinel sites in California during 1997. The selected clinical settings included sexually transmitted disease (STD) clinics and drug treatment centers (DTC). A new version of HFS went into effect in 1997, therefore the format for the 1997 report differs from previous reports: age breakouts for both STD and DTC have changed and the category *Risk Behavior* replaces STD's *Mode of Transmission* and DTC's *Sexual Orientation*. In addition, this report includes data obtained from other sources: HIV screening by blood collection agencies of blood donations, and HIV screening by the Department of Defense of civilian applicants for military service. In 1995 the CDC, at the request of the Assistant Secretary of Health and Human Services, discontinued the Survey of Childbearing Women. The CDHS/OA has plans to replicate this study during the third quarter of 1998.

All of the surveys in this report measure HIV seroprevalence, which is the proportion of persons who have serologic evidence of HIV infection at a given time. Seroprevalence is influenced by the rate of new HIV infections (incidence) and by attrition of HIV-infected persons from the population under study, often through illness or death.

HIV seroprevalence is a good indicator of future morbidity and health delivery needs because it measures the level of HIV infection in a population. Seroprevalence data from a single site should be interpreted with caution because the representativeness of the sample population may be changing.

Highlights

Sexually Transmitted Disease Clinics

In 1997, a total of 19,084 serum samples were tested for the presence of HIV antibody at 24 STD clinics in 12 local health departments[1] (Table 2). Statewide, the seroprevalence at STD clinics was 2.9 percent in 1997.

The overall HIV seroprevalence among men in 1997 was 4.1 percent and among women was 0.6 percent (Table 3). By risk behavior, the highest seroprevalence (25.4 percent) in STD clinics was among *men who reported sex with men who also injected drugs.*

Among men in the sample, seroprevalence was highest in the *American Indian/Alaskan Native* race/ethnic group (Table 4). Among women seroprevalence was highest (0.7 percent) among both *White* and *Black* race/ethnic groups.

Figures 7-10 present trends in HIV seroprevalence among persons attending STD clinics in four regions of California, 1992-1996. From 1992 through 1996, *White* persons attending sexually transmitted disease clinics in the regions of San Diego, Los Angeles and San Francisco had the highest HIV seroprevalence compared to *Black* and *Hispanic* persons.

Drug Treatment Centers

Overall, there were a total of 1,889 serum samples tested at six centers in four local health departments[2] (Table 24). The seroprevalence for all centers was 2.9 percent. Among selected counties, the seroprevalence in 1997 ranged from a high of 7.4 percent in Alameda to zero percent in Santa Clara county.

Of men tested at DTCs in 1997, 2.7 percent were HIV positive, compared to 3.2 percent of women (Table 25). By risk behavior, seroprevalence was highest among *men who reported sex with men who also injected drugs* (10.5 percent).

[1]Fresno, Kern, Los Angeles, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Clara, Long Beach, Berkeley.

[2]Alameda, Contra Costa, Los Angeles, Santa Clara.

HIV seroprevalence was highest among *Black* men and women (Table 26).

For 1997, HIV seroprevalence was highest for men in age group *45 and Over* and age group *40 – 44* for women (Table 27).

HIV seroprevalence among *heroin* injection drug users was 3.0 percent for men and 3.7 percent for women (Table 28).

Table 29 presents HIV seroprevalence by primary non-IV drug used. During 1997, HIV seroprevalence was highest among women using crack (8.5 percent).

California Blood Banks and Plasma Centers

In 1997, 868,655 specimens from selected California blood banks[4] were tested, of which 29 (0.003) percent were seropositive (Table 36). In 1997, 640,373 specimens from selected California plasma centers[5] were tested, of which 72 (0.011 percent) were HIV seropositive (Table 37).

Civilian Applicants for Military Service

In 1997, a total of 21,486 serum samples were tested among persons applying for military service in 12 selected counties[6]. HIV seroprevalence was 0.04 percent (Table 38).

Men represented 82.3 percent of the total civilian applicants among these counties, of which 0.05 percent were HIV seropositive (Table 39). Women represented 17.7 percent with zero positives (Table 40).

[4]Alameda, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Clara and the City of Long Beach.

[5]Alameda, Fresno, Los Angeles, Riverside, San Bernardino, San Diego and City of Long Beach.

[6]Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Clara.

SEXUALLY TRANSMITTED DISEASE CLINICS

SURVEYS OF ADULTS ATTENDING SEXUALLY TRANSMITTED DISEASE (STD) CLINICS

STD clinics serve persons at increased risk of infectious disease due to unprotected sex and other behaviors such as injection drug use. During 1997, STD clinics in 12 local health departments[1] conducted unlinked surveys to determine rates of HIV infection among STD clients. Serum samples from clients who were being evaluated for a possible STD and who had not previously visited the clinic since initiation of the survey in any calendar year were included in the survey. Clients may be included in the survey solely for HIV testing and counseling; however, they must at that time have blood drawn for purposes other than HIV testing. Eligible specimens were selected consecutively to meet a desired sample size of at least 500 clients at each clinic.

This report summarizes results for 1997 from 24 STD clinics in selected California counties and cities. Statewide, the seroprevalence at the clinics was 2.9 percent in 1997 (Table 1).

Selected California counties and cities submitted between 89 and 11,233 serum specimens each for a total of 19,084 serum samples tested during 1997 (Table 2).

HIV seroprevalence varied by region, from a high of 8.0 percent in *San Francisco* to a low of zero positives in the *South Valley* (Table 1, Figure 1). Among selected counties the highest seroprevalence was in *San Francisco* County (8.0 percent), followed by 4.4 percent in *San Diego* County.

Men represented 64.8 percent (12,366) of the total STD population of which 4.1 percent (509) were HIV seropositive (Table 3). Women represented 35.2 percent (6,709) of the total STD population of which 0.6 percent (40) were HIV seropositive. The highest seroprevalence (25.4 percent) was among *men who reported sex with men who injected non-prescription drugs. Men who have sex with men* (19.5 percent) followed this group. Among women, *heterosexuals* showed a seroprevalence of 0.5 percent, compared to 1.6 percent among women *heterosexuals who injected non-prescription drugs.* Among men, *heterosexuals who injected non-prescription drugs* showed a seroprevalence of 4.0 percent, compared to 1.1 percent among *heterosexual* men.

In 1997, 39.7 percent (7,576) of the specimens tested in the STD clinics were of *Black* origin; 34.8 percent (6,643) of *Hispanic* origin; 18.9 percent (3,623) of *White* origin; and 3.9 percent (738) of *Asian/Pacific Islander* origin (Table 4, Figure 2). Among men, HIV seroprevalence ranged from a high of 9.5 percent among *American Indian/Alaskan Native* men to a low of 2.5 percent among *Asian/Pacific Islander* men. Among women, seroprevalence was highest among both *White* and *Black* women (0.7 percent), followed

[1] Fresno, Kern, Los Angeles, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Clara, Long Beach, and Berkeley.

by *Hispanic* women at 0.5 percent.

Age group *15-44* represented 90.2 percent (17,212) of clients attending STD clinics; *45 and Over* represented 9.0 percent (1,726); and *14 and Under* represented 0.4 percent (75). Seroprevalence was highest among men in age group *45 and Over*, and lowest among men and women *14 and Under* (Table 5, Figure 3).

Table 6 and Figure 4 present HIV seroprevalence for *men who have sex with men (MSM) and bisexual men* attending STD clinics by race/ethnicity. In 1997, HIV seroprevalence ranged from a high of 26.4 (78/295) percent among *Black* men to a low of 7.9 (8/101) percent among *Asian/Pacific Islander* men. By age group the highest seroprevalence (20.1 percent) was among age group *45 and Over* (Table 7).

Tables 8, 9 and Figure 5 present HIV seroprevalence for *heterosexual* males and females attending STD clinics by race/ethnicity. In 1997, the highest HIV seroprevalence was for *Black* males (1.5 percent) and *Black* females (0.7 percent).

The highest seroprevalence among *heterosexual* males and females was in age group *45 and Over* (Tables 10, 11 and Figure 6).

Tables 12 through 23 present seroprevalence data from the sentinel sites by risk behavior, race/ethnicity and age group.

Figures 7-10 present trends in HIV seroprevalence among persons attending sexually transmitted disease clinics in four regions of California, 1992-1996. In Central Valley, HIV prevalence peaked in 1992, 1994, and 1996 for African Americans (1.7%), Whites (1.3%), and Latinos (0.7%). The greatest decline in this region occurred among Whites from 1.3% in 1994 to 0.3% in 1996. In the San Diego region, HIV prevalence peaked in 1994 for Whites (5.6%), and in 1992 for African Americans (3.1%) and Latinos (2.9%). Whites had the greatest decline from 5.6% in 1994 to 2.8% in 1996. In Los Angeles, HIV prevalence peaked in 1992 for Whites (5.0%), African Americans (2.0%), and Latinos (2.4%). Whites had the greatest decline from 4.7% in 1993 to 1.6% in 1995; HIV prevalence increased to 3.3% in 1996. In San Francisco, HIV prevalence peaked in 1993 for Whites (14.4%), in 1992 for African Americans (7.5%), and in 1995 for Latinos (8.0%). Whites had the greatest decline from 14.4% in 1993 to 11.5% in 1994.

STD clinics serve large numbers of HIV-infected persons. HIV surveillance in these clinics provides important information about populations at greatest risk for HIV infection. Serosurveillance may also provide an early warning of the heterosexual spread of HIV infection, since those at greatest risk of heterosexual transmission are likely to be those also at risk of acquiring other STDs.

Table 1.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted Disease (STD)[1] Clinics By California Regions 1997

Regions[2]	Number Tested	Number Positive[3]	Prevalence (%)
San Francisco[4]	3,885	309	8.0
San Diego[5]	500	22	4.4
Los Angeles	11,233	198	1.8
Central Coast[5]	587	9	1.5
Bay Area	867	8	0.9
North Valley[5]	376	1	0.3
Central Valley[5]	1,143	2	0.2
South Valley[5]	493	0	0.0
Total	19,084	549	2.9

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] Central Coast = Long Beach and San Luis Obispo. North Valley = Sacramento. Bay Area = City of Berkeley and Santa Clara. Central Valley = Fresno, Kern, and San Joaquin. South Valley = San Bernardino.

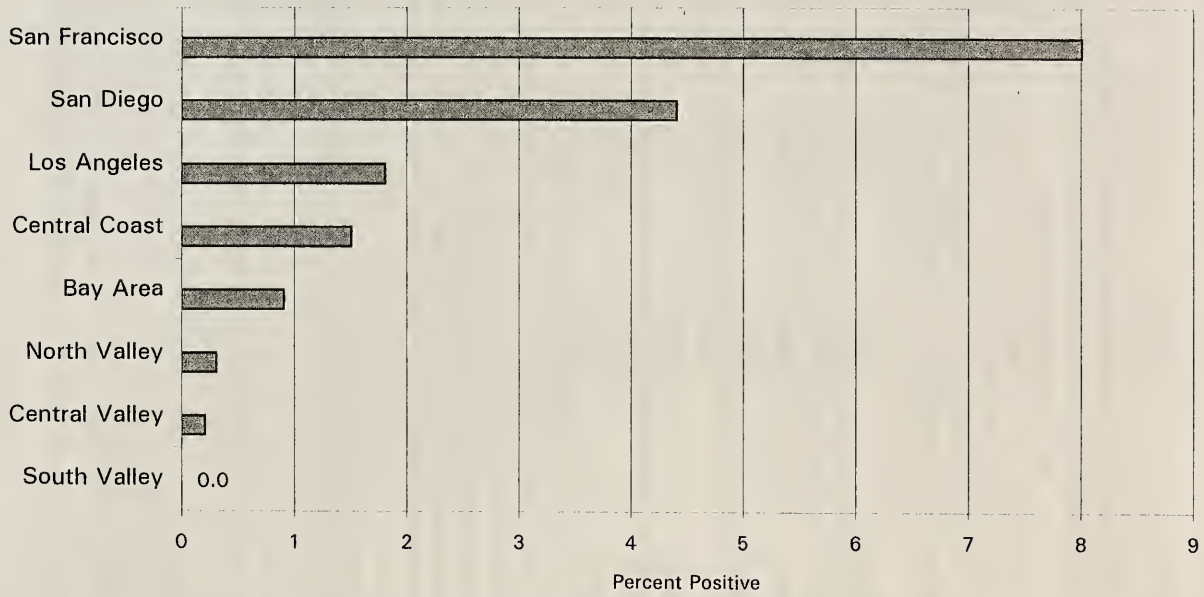
[3] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[4] Data collection for July - December 1997.

[5] Data collection for January – June 1997.

Note: Region totals include unknown gender and may not agree with individual County/City totals (Tables 12-23).

Figure 1. HIV-1 Seroprevalence Among Persons Attending STD Clinics by Region (Selected Counties and Cities), 1997



Note: South Valley = San Bernardino County. North Valley = Sacramento. Central Valley = Fresno, Kern, and San Joaquin Counties. Central Coast = City of Long Beach and San Luis Obispo County. Bay Area = City of Berkeley.

California Department of Health Services
Office of AIDS, 1999

Table 2.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted Disease (STD)[1] Clinics Selected California Counties and Cities 1997

Selected Counties and Cities	Number Tested	Number Positive[2]	Prevalence (%)
Fresno[3]	116	0	0.0
Kern[3]	511	0	0.0
Los Angeles	11,233	198	1.8
Sacramento[3]	376	1	0.3
San Bernardino[3]	493	0	0.0
San Diego[3]	500	22	4.4
San Francisco[4]	3,885	309	8.0
San Joaquin[3]	516	2	0.4
San Luis Obispo[3]	89	0	a
Santa Clara	227	0	0.0
Long Beach	498	9	1.8
Berkeley[3]	640	8	1.3
Total	19,084	549	2.9

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Data collection for January-June 1997.

[4] Data collection for July - December 1997.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Note: County and City totals include unknown gender and may not agree with individual County/City totals (Tables 12-23).

Table 3.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted Disease (STD)[1] Clinics by Gender and Risk Behavior Category, 1997

Gender and Risk Behavior	Number Tested 1997	Number Positive[2] 1997	Prevalence %
MALE			
MSM/Bisexual	1,751	341	19.5
MSM/Bisexual, IDU[3]	142	36	25.4
Heterosexual	10,078	115	1.1
Heterosexual, IDU	224	9	4.0
Other[4]	15	2	a
Unknown	156	6	3.8
Sub-Total MALE	12,366	509	4.1
FEMALE			
Heterosexual	6,227	34	0.5
Heterosexual, IDU	183	3	1.6
Other[4]	194	1	0.5
Unknown	105	2	1.9
Sub-Total FEMALE	6,709	40	0.6
Missing Gender	9	0	a
Total	19,084	549	2.9

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a-Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men who have a history of injection drug use (IDU).

[4] Other includes women who have sex with women and not men (WSW) and the following groups if they did not identify sex partner/s by gender: IDU, sex partner of IDU, sex partner of person with HIV/AIDS, exchanged money or drugs for sex.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Table 4.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted Disease (STD)[1] Clinics Selected California Counties and Cities by Gender and Race/Ethnicity, 1997

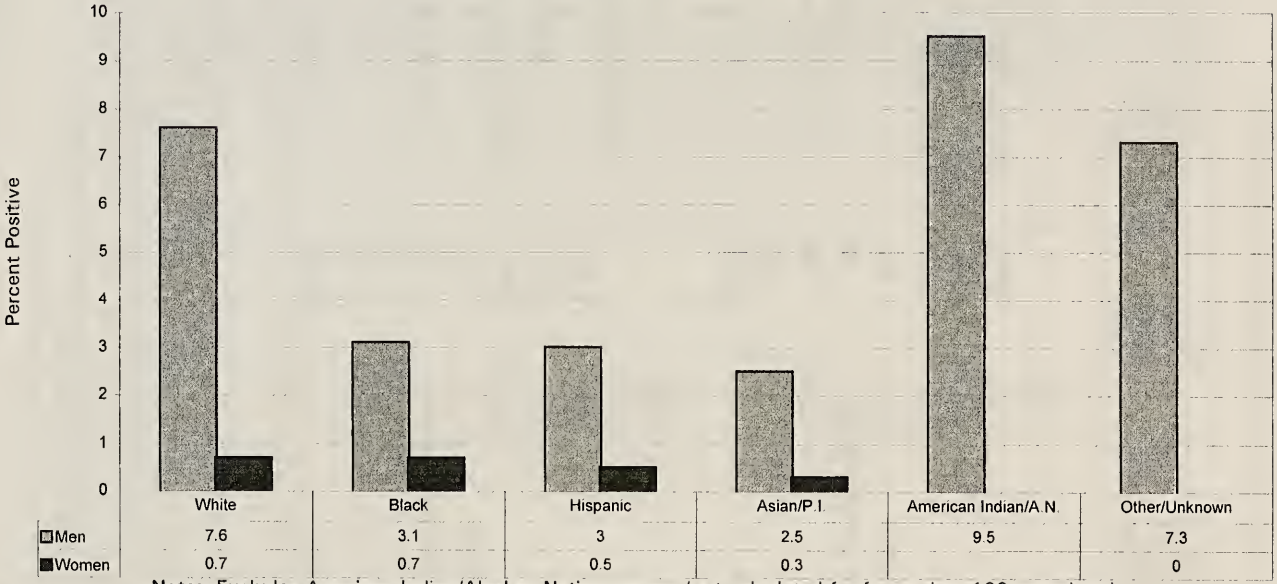
Gender and Race/Ethnicity	Number Tested 1997	Number Positive[2] 1997	Prevalence %
MALE			
White	2,592	198	7.6
Black	4,905	150	3.1
Hispanic	4,103	125	3.0
Asian/Pacific Islander	435	11	2.5
American Indian/Alaskan Native	42	4	9.5
Other	140	13	9.3
Unknown	149	8	5.4
Sub-Total MALE	12,366	509	4.1
FEMALE			
White	1,031	7	0.7
Black	2,671	20	0.7
Hispanic	2,540	12	0.5
Asian/Pacific Islander	303	1	0.3
American Indian/Alaskan Native	18	0	a
Other	63	0	a
Unknown	83	0	a
Sub-Total FEMALE	6,709	40	0.6
Missing Gender	9	0	a
Total	19,084	549	2.9

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 2. HIV-1 Seroprevalence Among Persons Attending STD Clinics in Selected California Counties and Cities by Gender and Race/Ethnicity, 1997



Note: Excludes American Indian/Alaskan Native women (not calculated for fewer than 100 tested and number positive less than or equal to 3).

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Table 5.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted Disease (STD)[1] Clinics Selected California Counties and Cities by Gender and Age Group, 1997

Gender and Age Group	Number Tested 1997	Number Positive[2] 1997	Prevalence %
MALE			
14 and Under	11	0	a
15-44	11,041	442	4.0
45 and Over	1,281	67	5.2
Unknown	33	0	a
Sub-Total MALE	12,366	509	4.1
FEMALE			
14 and Under	64	0	a
15-44	6,171	34	0.6
45 and Over	445	5	1.1
Unknown	29	1	a
Sub-Total FEMALE	6,709	40	0.6
Missing Gender	9	0	a
Total	19,084	549	2.9

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 3. Seroprevalence Among Persons Attending STD Clinics in Selected California Counties and Cities by Gender and Age Group, 1997

Note: Excludes 14 and Under and Unknown age group (not calculated for fewer than 100 tested and number positive less than or equal to 3).

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Table 6.
HIV-1 Seroprevalence for MSM and Bisexual Men[1] Attending Sexually Transmitted Disease (STD)[2] Clinics Selected California Counties and Cities by Race/Ethnicity, 1997

Race/Ethnicity	Number Tested 1997	Number Positive[3] 1997	Prevalence %
White	918	174	19.0
Black	295	78	26.4
Hispanic	516	99	19.2
Asian/Pacific Islander	101	8	7.9
American Indian/Alaskan Native	11	3	a
None of the Above[4]	52	15	28.8
Total	1,893	377	19.9

[1] Includes men who have sex with men (MSM) and bisexual men who have a history of injection drug use (IDU).

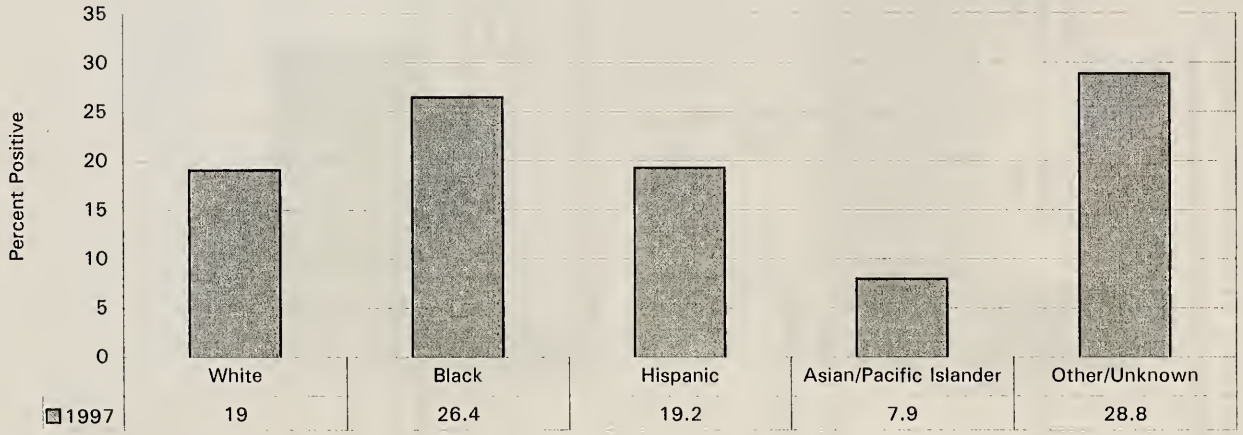
[2] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[3] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[4] Includes other race, unknown race.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 4. HIV-1 Seroprevalence Among MSM and Bisexual Men Attending STD Clinics in Selected California Counties and Cities by Race/Ethnicity, 1997



Note: Excludes American Indian/Alaskan Native men (not calculated for fewer than 100 tested and number positive less than or equal to 3).

Table 7.
HIV-1 Seroprevalence for MSM and Bisexual Men[1] Attending Sexually Transmitted Disease (STD)[2] Clinics Selected California Counties and Cities by Age Group, 1997

Age Group	Number Tested 1997	Number Positive[3] 1997	Prevalence %
14 and Under	0	0	a
15-44	1,656	330	19.9
45 and Over	234	47	20.1
Unknown	b	0	a
Total	1,893	377	19.9

[1]Includes men who have sex with men (MSM) and bisexual men who have a history of injection drug use (IDU).

[2]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[3]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b]Less than 5.

Table 8.
HIV-1 Seroprevalence for Heterosexual Males[1] Attending Sexually Transmitted Disease (STD)[2] Clinics Selected California Counties and Cities by Race/Ethnicity, 1997

Race/Ethnicity	Number Tested 1997	Number Positive[3] 1997	Prevalence %
White	1,644	21	1.3
Black	4,582	70	1.5
Hispanic	3,537	25	0.7
Asian/Pacific Islander	332	3	0.9
American Indian/Alaskan Native	31	1	a
None of the Above[4]	176	4	2.3
Total	10,302	124	1.2

[1] Includes men who have a history of injection drug use (IDU).

[2] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[3] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[4] Includes other race, unknown race.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Table 9.
HIV-1 Seroprevalence for Heterosexual Females[1] Attending Sexually Transmitted Disease (STD)[2] Clinics Selected California Counties and Cities by Race/Ethnicity, 1997

Race/Ethnicity	Number Tested 1997	Number Positive[3] 1997	Prevalence %
White	959	6	0.6
Black	2,586	19	0.7
Hispanic	2,445	12	0.5
Asian/Pacific Islander	287	0	0.0
American Indian/Alaskan Native	18	0	a
None of the Above[4]	115	0	0.0
Total	6,410	37	0.6

[1]Includes women who have a history of injection drug use (IDU).

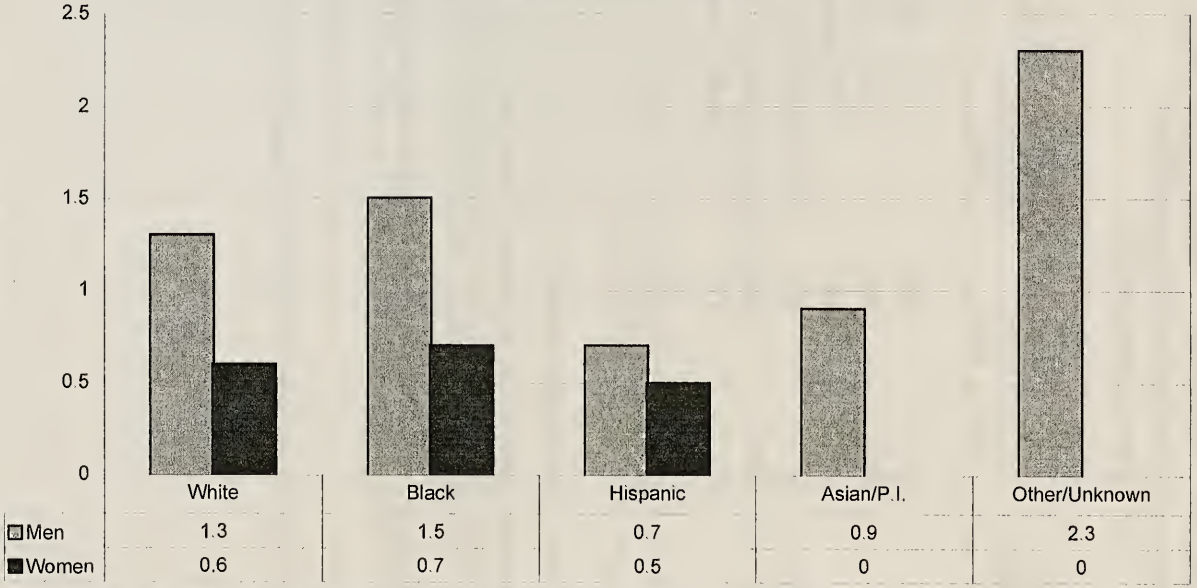
[2]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[3]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[4]Includes other race, unknown race.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 5. HIV-1 Seroprevalence Among Heterosexuals Attending STD Clinics in Selected California Counties and Cities by Gender and Race/Ethnicity, 1997



	White	Black	Hispanic	Asian/P.I.	Other/Unknown
Men	1.3	1.5	0.7	0.9	2.3
Women	0.6	0.7	0.5	0	0

Note: Excludes American Indian/Alaskan Native race/ethnicity (not calculated for fewer than 100 tested and number positive less than or equal to 3).

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Table 10.
HIV-1 Seroprevalence for Heterosexual Males[1] Attending Sexually Transmitted Disease (STD)[2] Clinics Selected California Counties and Cities by Age Group, 1997

Age Group	Number Tested 1997	Number Positive[3] 1997	Prevalence %
14 and Under	9	0	a
15-44	9,248	106	1.1
45 and Over	1,017	18	1.8
Unknown	28	0	a
Total	10,302	124	1.2

[1] Includes men who have a history of injection drug use (IDU).

[2]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[3]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Table 11.
HIV-1 Seroprevalence for Heterosexual Females[1] Attending Sexually Transmitted Disease (STD)[2] Clinics Selected California Counties and Cities by Age Group, 1997

Age Group	Number Tested 1997	Number Positive[3] 1997	Prevalence %
14 and Under	58	0	a
15-44	5,917	33	0.6
45 and Over	411	4	1.0
Unknown	24	0	a
Total	6,410	37	0.6

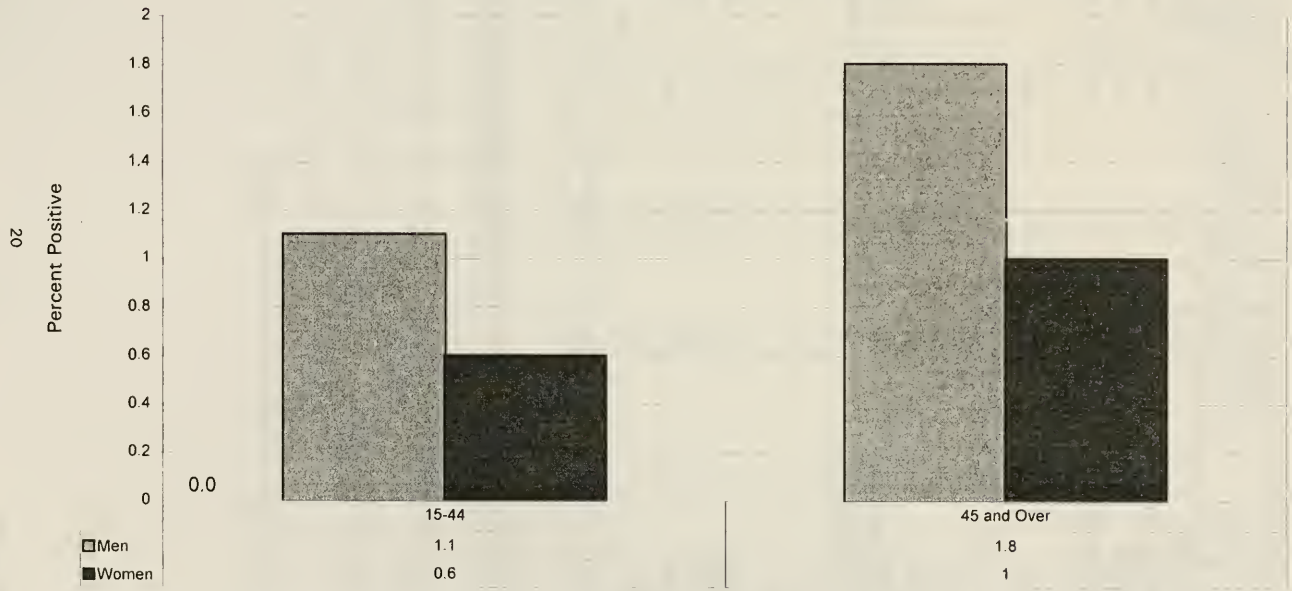
[1] Includes women who have a history of injection drug use (IDU).

[2]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[3]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 6. HIV-1 Seroprevalence Among Heterosexuals Attending STD Clinics in Selected California Counties and Cities by Gender and Age Group, 1997



Note: Excludes 14 and Under and Unknown age group (not calculated for fewer than 100 tested and number positive less than or equal to 3).

Table 12.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category Fresno County, January – June 1997

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM/Bisexual[3]	a	0	b	c	c	c
	MSM/Bisexual, IDU	0	0	b	c	c	c
	Heterosexual	77	0	b	33	0	b
	Heterosexual, IDU	0	0	b	0	0	b
	Other	0	0	b	3	0	b
	Unknown	1	0	b	0	0	b
Race/Ethnicity	White	16	0	b	6	0	b
	Black	14	0	b	a	0	b
	Hispanic	44	0	b	20	0	b
	Asian/Pacific Islander	a	0	b	a	0	b
	American Ind/Alsk Native	0	0	b	0	0	b
	Other	1	0	b	1	0	b
	Unknown	1	0	b	1	0	b
Age Group	14 and Under	0	0	b	a	0	b
	15-44	69	0	b	29	0	b
	45 and Over	7	0	b	6	0	b
	Unknown	4	0	b	0	0	b
Total		80	0	b	36	0	b

[1]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3]Includes men who have sex with men (MSM) and bisexual men.

[a] Less than 5.

[b] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[c] Not applicable.

Table 13.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category Kern County, January – June 1997

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM/Bisexual[3]	19	0	a	b	b	b
	MSM/Bisexual, IDU	c	0	a	b	b	b
	Heterosexual	260	0	a	188	0	a
	Heterosexual, IDU	10	0	a	14	0	a
	Other	0	0	a	18	0	a
	Unknown	0	0	a	1	0	a
Race/Ethnicity	White	75	0	a	78	0	a
	Black	71	0	a	56	0	a
	Hispanic	132	0	a	78	0	a
	Asian/Pacific Islander	c	0	a	c	0	a
	American Ind/Alsk Native	5	0	a	c	0	a
	Other	1	0	a	1	0	a
	Unknown	2	0	a	3	0	a
Age Group	14 and Under	c	0	a	14	0	a
	15-44	259	0	a	195	0	a
	45 and Over	27	0	a	11	0	a
	Unknown	1	0	a	1	0	a
Total		290	0	a	221	0	a

[1]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3]Includes men who have sex with men (MSM) and bisexual men.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

[c] Less than 5.

Table 14.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category Los Angeles County, January – December 1997

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM/Bisexual[3]	464	100	21.6	a	a	a
	MSM/Bisexual, IDU	41	5	12.2	a	a	a
	Heterosexual	6,216	63	1.0	4,163	24	0.6
	Heterosexual, IDU	90	1	a	76	0	a
	Lesbian	a	a	a	14	0	a
	Other	0	0	b	0	0	a
	Unknown	107	5	4.7	62	0	a
Race/Ethnicity	White	387	14	3.6	176	0	0.0
	Black	3,509	75	2.1	2,032	12	0.6
	Hispanic	2,801	74	2.6	1,947	12	0.6
	Asian/Pacific Islander	80	1	b	74	0	b
	American Ind/Alsk Native	c	0	b	5	0	b
	Other	43	4	9.3	21	0	b
	Unknown	95	6	6.3	60	0	b
Age Group	14 and Under	5	0	b	33	0	b
	15-44	6,265	157	2.5	4,012	21	0.5
	45 and Over	640	17	2.7	255	3	1.2
	Unknown	8	0	b	15	0	b
Total		6,918	174	2.5	4,315	24	0.6

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men.

[a] Not applicable.

[b] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[c] Less than 5.

Table 15.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category Sacramento County, January – June 1997

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM/Bisexual[3]	27	0	a	b	b	b
	MSM/Bisexual, IDU	0	0	a	b	b	b
	Heterosexual	144	1	0.7	189	0	0.0
	Heterosexual, IDU	c	0	a	7	0	a
	Other	0	0	a	6	0	a
	Unknown	1	0	a	1	0	a
Race/Ethnicity	White	67	1	a	91	0	a
	Black	62	0	a	51	0	a
	Hispanic	29	0	a	42	0	a
	Asian/Pacific Islander	c	0	a	11	0	a
	American Ind/Alsk Native	c	0	a	c	0	a
	Other	6	0	a	4	0	a
	Unknown	5	0	a	3	0	a
Age Group	14 and Under	c	0	a	c	0	a
	15-44	157	1	0.6	181	0	0.0
	45 and Over	15	0	a	20	0	a
	Unknown	0	0	a	0	0	a
Total		173	1	0.6	203	0	0.0

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

[c] Less than 5.

Table 16.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category San Bernardino County, January – June 1997

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM/Bisexual[3]	18	0	a	b	b	b
	MSM/Bisexual, IDU	0	0	a	b	b	b
	Heterosexual	235	0	0.0	200	0	0.0
	Heterosexual, IDU	5	0	a	5	0	a
	Other	1	0	a	6	0	a
	Unknown	10	0	a	11	0	a
Race/Ethnicity	White	74	0	a	70	0	a
	Black	75	0	a	52	0	a
	Hispanic	108	0	0.0	78	0	a
	Asian/Pacific Islander	6	0	a	11	0	a
	American Ind/Alsk Native	c	0	a	0	0	a
	Other	3	0	a	6	0	a
	Unknown	2	0	a	5	0	a
Age Group	14 and Under	0	0	a	c	0	a
	15-44	244	0	0.0	198	0	0.0
	45 and Over	24	0	a	19	0	a
	Unknown	1	0	a	2	0	a
Total		269	0	0.0	222	0	0.0

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

[c] Less than 5.

Table 17.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category San Diego County, January – June 1997

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM/Bisexual[3]	43	11	25.6	a	a	a
	MSM/Bisexual, IDU	0	0	b	a	a	a
	Heterosexual	270	9	3.3	164	1	0.6
	Heterosexual, IDU	c	0	b	c	0	b
	Other	1	0	b	5	1	b
	Unknown	4	0	b	9	0	b
Race/Ethnicity	White	126	12	9.5	72	0	b
	Black	89	2	b	47	1	b
	Hispanic	78	4	5.1	39	0	b
	Asian/Pacific Islander	6	0	b	11	1	b
	American Ind/Alsk Native	c	0	b	0	0	b
	Other	9	2	b	7	0	b
	Unknown	10	0	b	4	0	b
Age Group	14 and Under	0	0	b	0	0	b
	15-44	289	18	6.2	152	1	0.7
	45 and Over	28	2	b	24	0	b
	Unknown	2	0	b	4	1	b
Total		319	20	6.3	180	2	1.1

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men.

[a] Not applicable.

[b] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[c] Less than 5.

Table 18.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category San Francisco County, January – December 1997

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM/Bisexual[3]	1,072	221	20.6	a	a	a
	MSM/Bisexual, IDU	95	30	31.6	a	a	a
	Heterosexual	1,674	37	2.2	742	5	0.7
	Heterosexual, IDU	93	8	8.6	68	3	b
	Other	12	2	b	113	0	0.0
	Unknown	10	1	b	6	2	b
Race/Ethnicity	White	1,423	167	11.7	358	6	1.7
	Black	652	64	9.8	218	4	1.8
	Hispanic	534	46	8.6	190	0	0.0
	Asian/Pacific Islander	258	9	3.5	140	0	0.0
	American Ind/Alsk Native	27	4	14.8	9	0	a
	Other	46	7	15.2	10	0	a
	Unknown	16	2	b	4	0	b
Age Group	14 and Under	c	0	b	c	0	b
	15-44	2,589	252	9.7	864	8	0.9
	45 and Over	366	47	12.8	62	2	b
	Unknown	0	0	b	0	0	b
Total		2,956	299	10.1	929	10	1.1

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men.

[a] Not applicable.

[b] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[c] Less than 5.

Table 19.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category San Joaquin County, January – June 1997

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM/Bisexual[3]	5	0	a	b	b	b
	MSM/Bisexual, IDU	c	0	a	b	b	b
	Heterosexual	349	1	0.3	122	1	0.8
	Heterosexual, IDU	0	0	a	c	0	a
	Other	1	0	a	6	0	a
	Unknown	18	0	a	11	0	a
Race/Ethnicity	White	78	0	0.0	35	1	a
	Black	84	1	a	28	0	a
	Hispanic	174	0	0.0	59	0	a
	Asian/Pacific Islander	18	0	a	13	0	a
	American Ind/Alsk Native	c	0	a	0	0	a
	Other	6	0	a	2	0	a
	Unknown	13	0	a	3	0	a
Age Group	14 and Under	c	0	a	c	0	a
	15-44	296	0	0.0	116	1	0.9
	45 and Over	61	1	a	15	0	a
	Unknown	16	0	a	6	0	a
Total		374	1	0.3	140	1	0.7

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

[c] Less than 5.

Table 20.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category San Luis Obispo County, January – June 1997

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM/Bisexual[3]	a	0	b	c	c	c
	MSM/Bisexual, IDU	0	0	b	c	c	c
	Heterosexual	47	0	b	32	0	b
	Heterosexual, IDU	a	0	b	a	0	b
	Other	0	0	b	a	0	b
	Unknown	0	0	b	0	0	b
Race/Ethnicity	White	41	0	b	24	0	b
	Black	5	0	b	a	0	b
	Hispanic	6	0	b	9	0	b
	Asian/Pacific Islander	0	0	b	a	0	b
	American Ind/Alsk Native	0	0	b	0	0	b
	Other	0	0	b	0	0	b
	Unknown	0	0	b	0	0	b
Age Group	14 and Under	a	0	b	0	0	b
	15-44	47	0	b	33	0	b
	45 and Over	5	0	b	a	0	b
	Unknown	0	0	b	0	0	b
Total		52	0	b	36	0	b

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men.

[a] Less than 5.

[b] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[c] Not applicable.

Table 21.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category Santa Clara County, January – June 1997

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM/Bisexual[3]	19	0	a	b	b	b
	MSM/Bisexual, IDU	0	0	a	b	b	b
	Heterosexual	157	0	a	43	0	a
	Heterosexual, IDU	c	0	a	c	0	a
	Other	0	0	a	2	0	a
	Unknown	1	0	a	0	0	a
Race/Ethnicity	White	67	0	a	19	0	a
	Black	19	0	a	5	0	a
	Hispanic	71	0	a	16	0	a
	Asian/Pacific Islander	16	0	a	c	0	a
	American Ind/Alsk Native	0	0	a	0	0	a
	Other	5	0	a	2	0	a
	Unknown	0	0	a	0	0	a
Age Group	14 and Under	0	0	a	0	0	a
	15-44	161	0	a	40	0	a
	45 and Over	17	0	a	6	0	a
	Unknown	0	0	a	0	0	a
Total		178	0	a	46	0	a

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

[c] Less than 5.

Table 22.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category Long Beach City, January – June 1997

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM/Bisexual[3]	26	4	a	b	b	b
	MSM/Bisexual, IDU	c	1	a	b	b	b
	Heterosexual	278	3	1.1	178	1	0.6
	Heterosexual, IDU	c	0	a	c	0	a
	Other	0	0	a	7	0	a
	Unknown	1	0	a	1	0	a
Race/Ethnicity	White	85	2	a	42	0	a
	Black	134	4	3.0	73	1	a
	Hispanic	74	1	a	57	0	a
	Asian/Pacific Islander	13	1	a	14	0	a
	American Ind/Alsk Native	c	0	a	c	0	a
	Other	2	0	a	0	0	a
	Unknown	1	0	a	0	0	a
Age Group	14 and Under	0	0	a	0	0	a
	15-44	275	8	2.9	176	1	0.6
	45 and Over	35	0	a	10	0	a
	Unknown	1	0	a	1	0	a
Total		311	8	2.6	187	1	0.5

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

[c] Less than 5.

Table 23.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category Berkeley City, January – June 1997

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM/Bisexual[3]	53	5	9.4	a	a	a
	MSM/Bisexual, IDU	b	0	c	a	a	a
	Heterosexual	371	1	0.3	173	2	1.2
	Heterosexual, IDU	18	0	c	7	0	c
	Other	0	0	c	11	0	c
	Unknown	3	0	c	3	0	c
Race/Ethnicity	White	153	2	1.3	60	0	c
	Black	191	4	2.1	104	2	1.9
	Hispanic	52	0	c	5	0	c
	Asian/Pacific Islander	27	0	c	15	0	c
	American Ind/Alsk Native	b	0	c	b	0	c
	Other	18	0	c	9	0	c
	Unknown	4	0	c	0	0	c
Age Group	14 and Under	0	0	c	5	0	c
	15-44	390	6	1.5	175	2	1.1
	45 and Over	56	0	c	14	0	c
	Unknown	0	0	c	0	0	c
Total		446	6	1.3	194	2	1.0

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men.

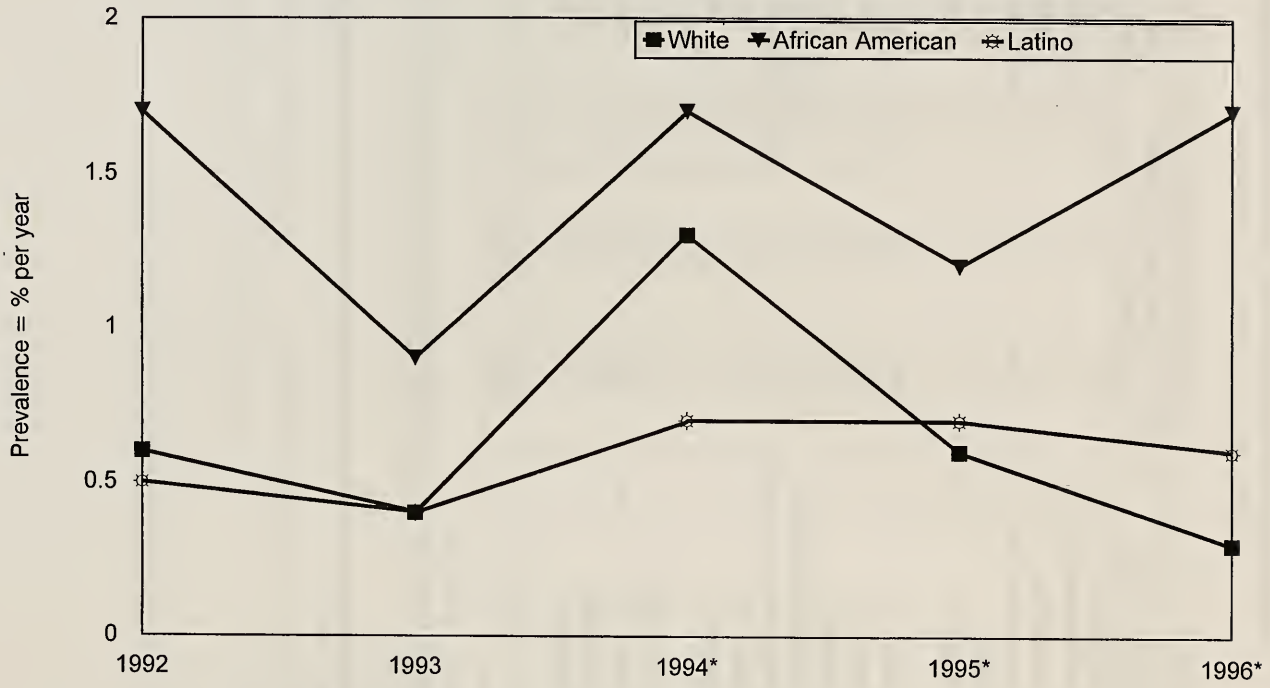
[a] Not applicable.

[b] Less than 5.

[c] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 7. Temporal Trends in HIV Seroprevalence among STD Clinic Patients in Central Valley Region by Race/Ethnicity

1992 - 1996



* Specimens were collected for 6 months only.

Note: Central Valley includes Fresno, Kern, and San Joaquin counties.

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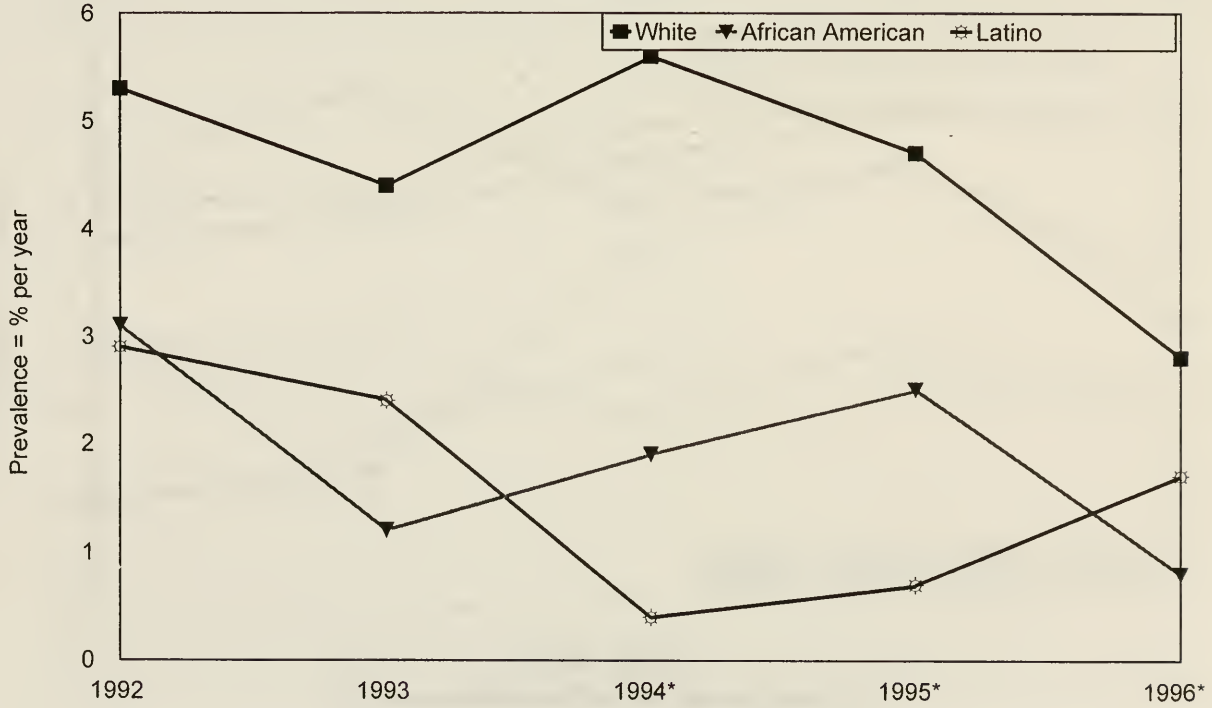
Figure 8. Temporal Trends in HIV Seroprevalence among STD Clinic Patients in San Diego Region by Race/Ethnicity 1992 - 1996



* Specimens were collected for 6 months only.

Figure 9. Temporal Trends in HIV Seroprevalence among STD Clinic Patients in Los Angeles Region by Race/Ethnicity

1992 - 1996

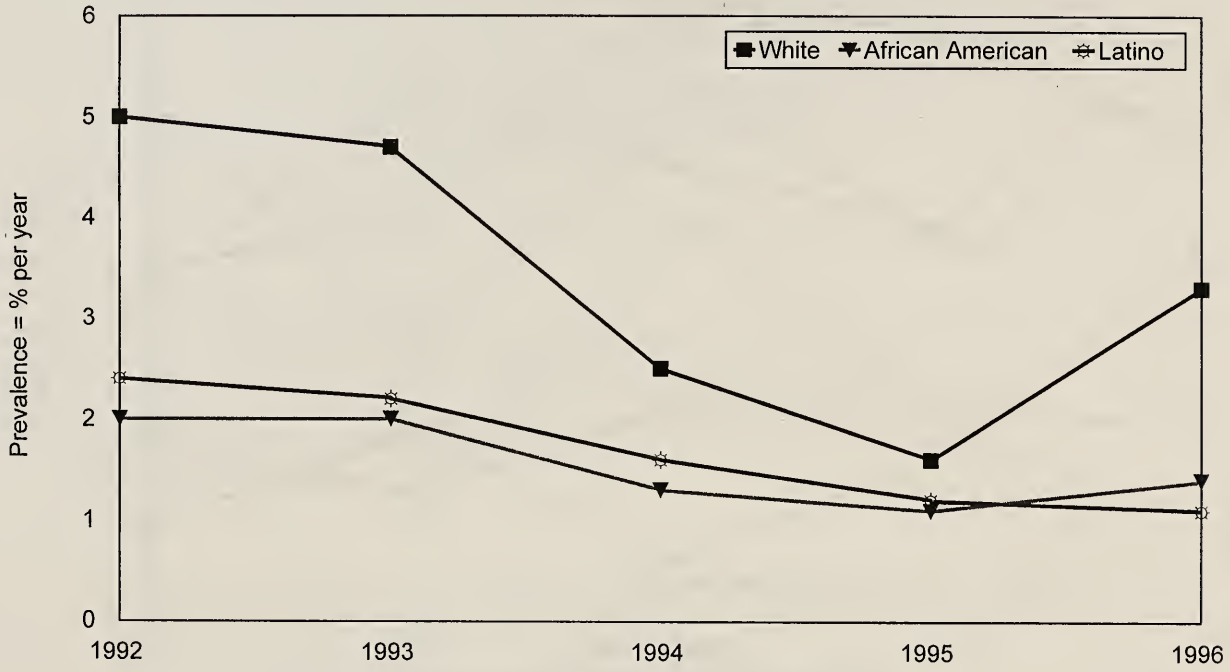
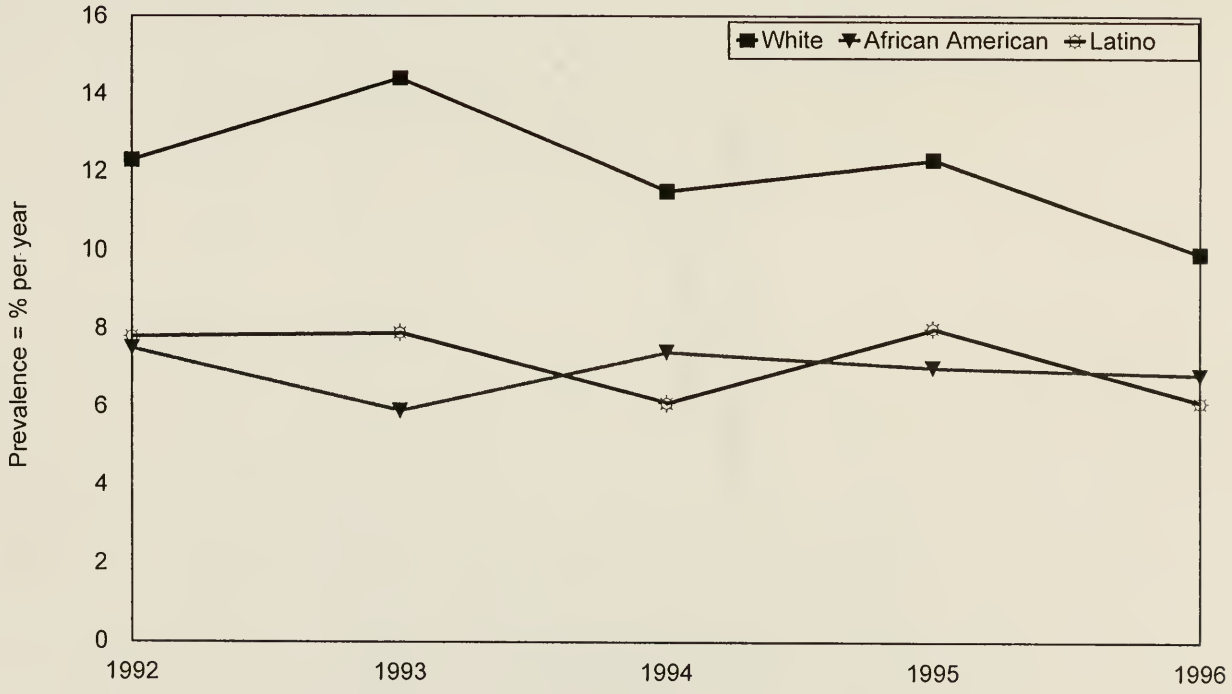


Figure 10. Temporal Trends in HIV Seroprevalence among STD Clinic Patients in San Francisco Region by Race/Ethnicity 1992 - 1996



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DRUG TREATMENT CENTERS

SURVEYS OF ADULTS IN DRUG TREATMENT CENTERS (DTC)

The seroprevalence survey in drug treatment centers (DTC) includes persons who enter participating DTC and who have used illicit drugs or prescription drugs for non-prescription use during the previous year. During 1997, unlinked (blinded) surveys to determine rates of HIV-1 infection among DTC clients were conducted in six centers in four local health departments[1]. In all, 1,889 serum samples were tested during 1997. The seroprevalence for all centers was 2.9 percent in 1997 (Table 24).

HIV seroprevalence among persons entering methadone treatments in selected California counties ranged from a high of 7.4 percent in *Alameda* to a low of 0.0 percent in *Santa Clara* (Table 24, Figure 11).

Among gender and risk behavior categories seroprevalence was highest among *MSM/Bisexual IDU's* (Table 25). Men represented 64.9 percent (1,226) of the total DTC population of which 33 (2.7 percent) were HIV seropositive. Women represented 35.1 percent (663) of the total DTC population of which 21 (3.2 percent) were HIV seropositive.

Table 26 and Figure 12 show the seroprevalence among gender and race/ethnicity categories. During 1997, 41.9 percent (791) of the specimens tested in DTC were of *White* origin; 37.6 percent (711) of *Hispanic* origin; 16.0 percent (302) of *Black* origin; 1.4 percent (27) of *Asian/Pacific Islander* origin; and 1.0 percent (18) of *American Indian/Alaskan Native* origin. Among *White* men the seroprevalence was 1.1 percent compared to 1.8 percent among *White* women. HIV seroprevalence was highest among *Black* men and women (12.9 percent and 10.6 percent, respectively). During 1997 seroprevalence for *Hispanic* men was 1.1 percent compared to 0.6 percent in *Hispanic* women.

Table 27 and Figure 13 show that seroprevalences were highest among men in age group *45 and Over* (4.6 percent) and in women *40-44* (5.4 percent).

Among injection drug users, the primary injection drug used for both men and women was *heroin*, 96.2 percent and 92.9 percent respecitively (Table 28). During 1997 seroprevalence among male *heroin* users was 3.0 percent compared to 3.7 percent for women.

Table 29 shows the seroprevalence among gender and primary non-IV drug used. During 1997 seroprevalence was highest among men using *Other Narcotic's* (4.9 percent) compared to *Crack* among women (8.5 percent).

[1] Alameda, Contra Costa, Los Angeles, and Santa Clara.

Tables 30 through 35 present seroprevalence data from the sentinel sites by risk behavior, race/ethnicity, age group, primary IV and non-IV drug used.

Table 24.
HIV-1 Seroprevalence Among Persons Entering Drug Treatment Centers (DTC)[1] Selected California Counties 1997

Selected Counties	Number Tested	Number Positive[2]	Prevalence (%)
Alameda	530	39	7.4
Contra Costa[3]	273	8	2.9
Los Angeles	921	7	0.8
Santa Clara	165	0	0.0
Total	1,889	54	2.9

[1] Includes persons entering methadone treatment who: 1) are under evaluation for admission to drug treatment ("entrants") and 2) have used illicit drugs or prescription drugs for non-prescribed use at least once within the past 12 months. Excludes persons with a prior admission to treatment during the survey period. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence assay (IFA).

[3] Data collection for January-June 1997.

Figure 11. HIV-1 Seroprevalence Among Persons Entering Drug Treatment Centers (DTC) Selected California Counties 1997

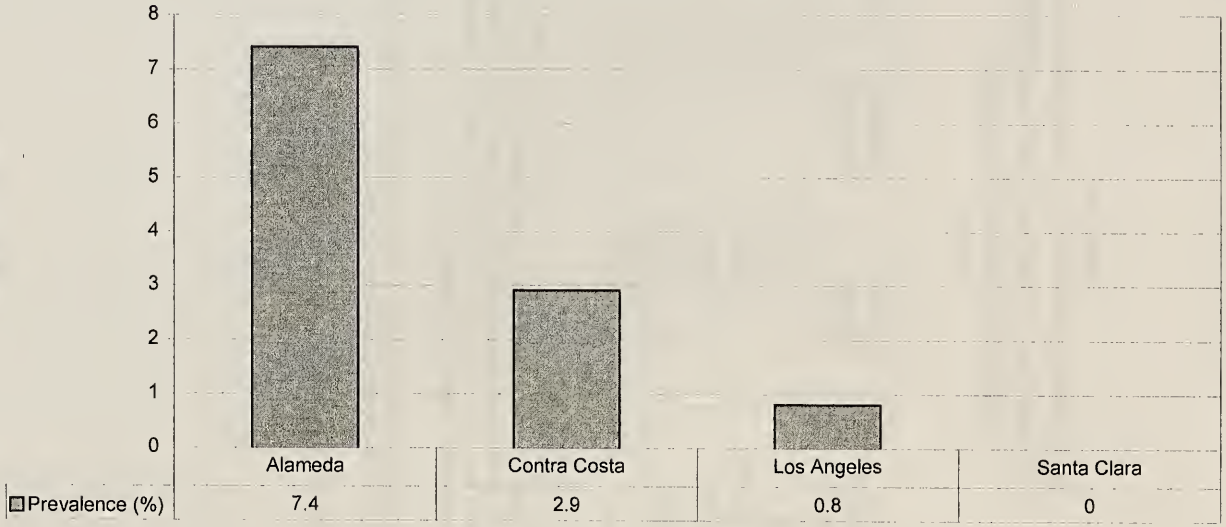

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Table 25.
HIV-1 Seroprevalence Among Persons Entering Drug Treatment Centers (DTC)[1] Selected California Counties by Gender and Risk Behavior Category, 1997

Gender and Risk Behavior	Number Tested 1997	Number Positive[2] 1997	Prevalence %
MALE			
MSM/Bisexual[3]	a	0	b
MSM/Bisexual, IDU	38	4	10.5
Heterosexual	83	1	b
Heterosexual, IDU	1,082	27	2.5
Other[4]	20	1	b
Unknown	1	0	b
Sub-Total MALE	1,226	33	2.7
FEMALE			
Heterosexual	33	0	b
Heterosexual, IDU	315	19	6.0
Other[4]	314	2	0.6
Unknown	1	0	b
Sub-Total FEMALE	663	21	3.2
Total	1,889	54	2.9

[1] Includes persons entering methadone treatment who: 1) are under evaluation for admission to drug treatment ("entrants") and 2) have used illicit drugs or prescription drugs for non-prescribed use at least once within the past 12 months. Excludes persons with a prior admission to treatment during the survey period. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men.

[4] Other includes women who have sex with women and not men (WSW) and the following groups if they did not identify sex partner/s by gender: IDU, sex partner of IDU, sex partner of person with HIV/AIDS, exchanged money or drugs for sex.

[a] Less than 5.

[b] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Table 26.
HIV-1 Seroprevalence Among Persons Entering Drug Treatment Centers (DTC)[1] Selected California Counties by Gender and Race/Ethnicity, 1997

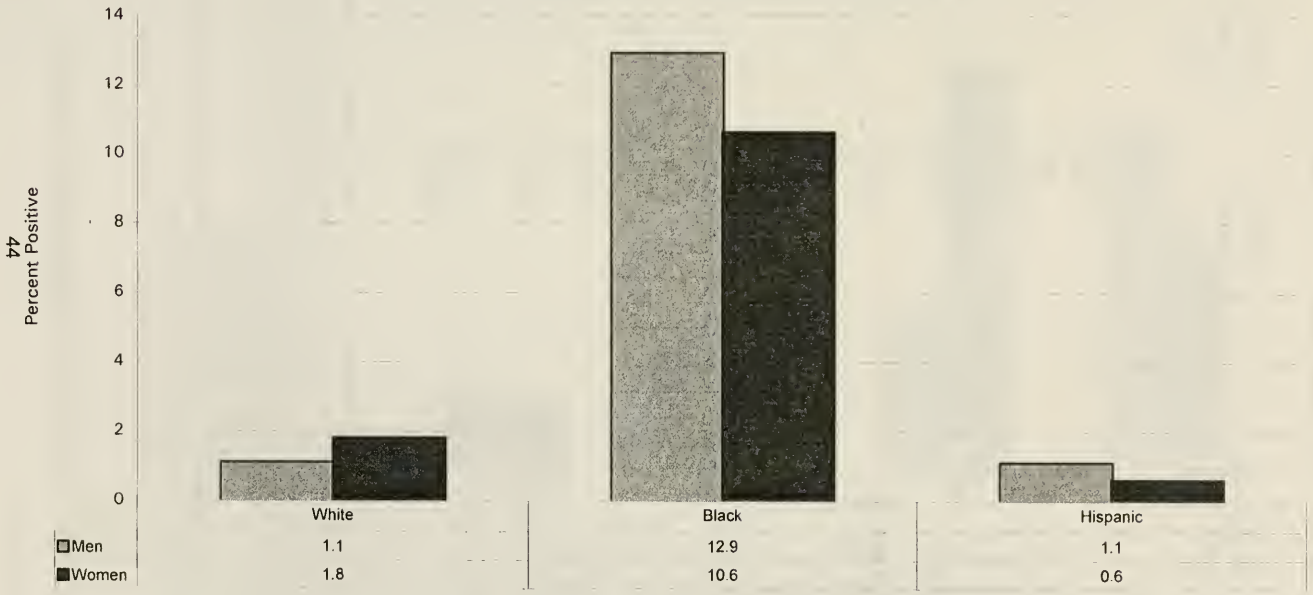
Gender and Race/Ethnicity	Number Tested 1997	Number Positive[2] 1997	Prevalence %
MALE			
White	466	5	1.1
Black	170	22	12.9
Hispanic	532	6	1.1
Asian/Pacific Islander	22	0	a
American Indian/Alaskan Native	8	0	a
None of the Above	28	0	a
Sub-Total MALE	1,226	33	2.7
FEMALE			
White	325	6	1.8
Black	132	14	10.6
Hispanic	179	1	0.6
Asian/Pacific Islander	5	0	a
American Indian/Alaskan Native	10	0	a
None of the Above	12	0	a
Sub-Total FEMALE	663	21	3.2
Total	1,889	54	2.9

[1] Includes persons entering methadone treatment who: 1) are under evaluation for admission to drug treatment ("entrants") and 2) have used illicit drugs or prescription drugs for non-prescribed use at least once within the past 12 months. Excludes persons with a prior admission to treatment during the survey period. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 12. HIV-1 Seroprevalence for Injection Drug Users Entering Drug Treatment Centers (DTC) in Selected California Counties by Gender and Race/Ethnicity, 1997



Note: Excludes Asian/Pacific Islander, American Indian/Alaskan Native, and Other/Unknown race/ethnicity because seroprevalence was not calculated for fewer than 100 tested and number positive less than or equal to 3.

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Table 27.
HIV-1 Seroprevalence Among Persons Entering Drug Treatment Centers (DTC)[1] Selected California Counties by Gender and Age Group, 1997

Gender and Age Group	Number Tested 1997	Number Positive[2] 1997	Prevalence %
MALE			
Under 15	a	0	b
15-19	11	0	b
20-24	56	0	b
25-29	92	3	3.3
30-34	171	2	1.2
35-39	238	4	1.7
40-44	256	6	2.3
45 and Over	394	18	4.6
Unknown	5	0	b
Sub-Total MALE	1,226	33	2.7
FEMALE			
Under 15	a	0	b
15-19	7	0	b
20-24	19	0	b
25-29	55	1	b
30-34	100	1	1.0
35-39	189	5	2.6
40-44	149	8	5.4
45 and Over	133	4	3.0
Unknown	9	2	b
Sub-Total FEMALE	663	21	3.2
Total	1,889	54	2.9

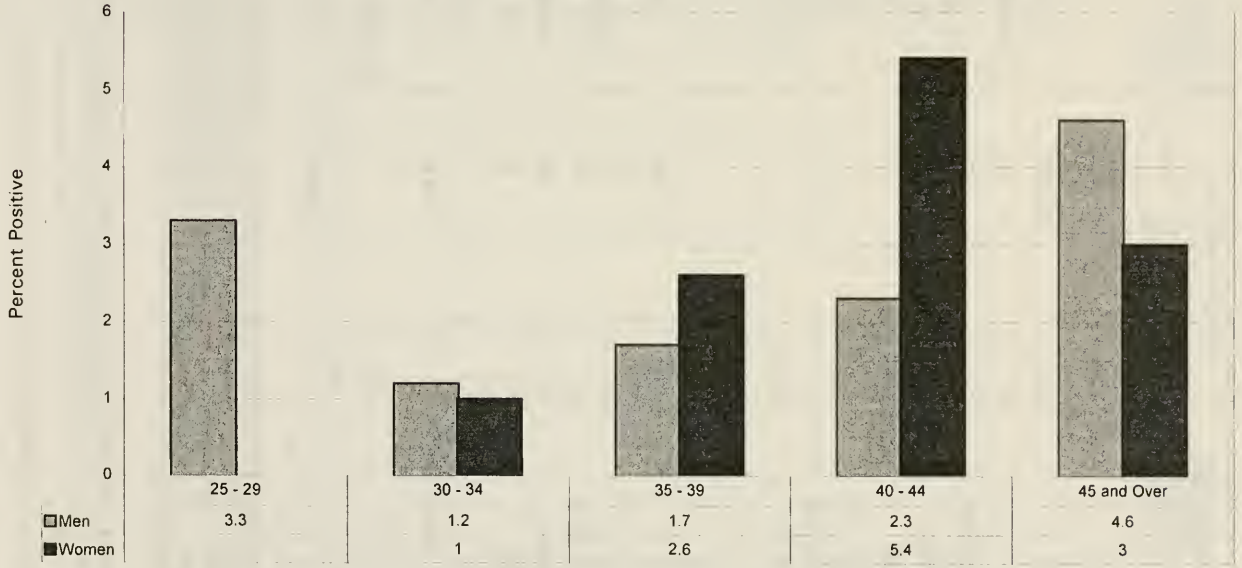
[1] Includes persons entering methadone treatment who: 1) are under evaluation for admission to drug treatment ("entrants") and 2) have used illicit drugs or prescription drugs for non-prescribed use at least once within the past 12 months. Excludes persons with a prior admission to treatment during the survey period. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a] Less than 5.

[b] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 13. HIV-1 Seroprevalence for Injection Drug Users Entering Drug Treatment Centers (DTC) in Selected California Counties by Gender and Age Group, 1997



Note: Excludes age groups Under 15, 15-19, 20-24, and Unknown age groups for both Males and Females (not calculated for fewer than 100 tested and number positive less than or equal to 3). Age group 25-29 is also excluded for Females .

Table 28.
HIV-1 Seroprevalence Among Persons Entering Drug Treatment Centers (DTC)[1] Selected California Counties by Gender and Primary Injection Drug Used, 1997

Gender and Primary Drug Used	Number Tested 1997	Number Positive[2] 1997	Prevalence %
MALE			
Heroin	1,056	32	3.0
Cocaine	6	0	a
Heroin & Cocaine	31	0	a
Amphetamines	b	0	a
Not Specified	3	0	a
Sub-Total MALE	1,098	32	2.9
FEMALE			
Heroin	538	20	3.7
Cocaine	b	0	a
Heroin & Cocaine	35	0	a
Amphetamines	0	0	a
Not Specified	5	1	a
Sub-Total FEMALE	579	21	3.6
Total	1,677	53	3.2

[1] Includes persons entering methadone treatment who: 1) are under evaluation for admission to drug treatment ("entrants") and 2) have used illicit drugs or prescription drugs for non-prescribed use at least once within the past 12 months. Excludes persons with a prior admission to treatment during the survey period. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Less than 5.

Table 29.
HIV-1 Seroprevalence Among Persons Entering Drug Treatment Centers (DTC)[1] Selected California Counties by Gender and Primary Non-IV Drug Used, 1997

Gender and Primary Non-IV Drug Used	Number Tested 1997	Number Positive[2] 1997	Prevalence %
MALE			
Heroin	1,056	32	3.0
Crack	6	0	a
Cocaine	31	0	a
Heroin & Cocaine	b	0	a
Barbiturates	b	0	a
Other Narcotics[3]	144	7	4.9
Amphetamines	20	2	a
Marijuana	68	0	a
Other Drug (s)[3]	52	0	a
Not Specified	167	0	a
Sub-Total MALE	646	18	2.8
FEMALE			
Heroin	48	0	a
Crack	47	4	8.5
Cocaine	27	3	a
Heroin & Cocaine	b	0	a
Barbiturates	5	0	a
Other Narcotics[3]	74	0	a
Amphetamines	19	0	a
Marijuana	20	1	a
Other Drug (s)[3]	47	0	a
Not Specified	53	1	a
Sub-Total FEMALE	341	9	2.6
Total	987	27	2.7

[1] Includes persons entering methadone treatment who: 1) are under evaluation for admission to drug treatment ("entrants") and 2) have used illicit drugs or prescription drugs for non-prescribed use at least once within the past 12 months. Excludes persons with a prior admission to treatment during the survey period. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Other narcotics include: opium, morphine, dilaudid, percodan, demerol or codeine. Other drug(s) include: hallucinogens (LSD, PCP, angel dust), inhalents (glue, amyl nitrate), esctacy, or Valium and other benzodiazepines.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Less than 5.

Table 30.
HIV-1 Seroprevalence Among Persons Entering Drug Treatment Centers (DTC)[1] by Risk Behavior, Race/Ethnicity, and Age Group Category Alameda County, January – December 1997

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM/Bisexual[3]	a	0	b	c	c	c
	MSM/Bisexual, IDU	18	4	22.2	c	c	c
	Heterosexual	53	1	a	27	0	b
	Heterosexual, IDU	252	18	7.1	148	15	10.1
	Other	7	0	b	21	1	b
	Unknown	1	0	b	1	0	b
Race/Ethnicity	White	99	4	4.0	59	4	6.8
	Black	125	19	15.2	98	12	12.2
	Hispanic	87	0	b	27	0	b
	Asian/Pacific Islander	12	0	b	a	0	b
	American Ind/Alsk Native	a	0	b	6	0	b
	None of the Above	6	0	b	3	0	b
Age Group	Under 15	a	0	b	0	0	b
	15-19	7	0	b	5	0	b
	20-24	31	0	b	7	0	b
	25-29	26	2	b	16	0	b
	30-34	39	1	b	25	1	b
	35-39	43	2	b	57	4	7.0
	40-44	65	4	6.2	44	5	11.4
	45 and Over	118	14	11.9	38	4	10.5
	Unknown	3	0	b	5	2	b
Total		333	23	6.9	197	16	8.1

[1]Includes persons entering methadone treatment who: 1) are under evaluation for admission to drug treatment ("entrants") and 2) have used illicit drugs or prescription drugs for non-prescribed use at least once within the past 12 months. Excludes persons with a prior admission to treatment during the survey period. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3]Includes men who have sex with men (MSM) and bisexual men.

[a]Less than 5.

[b]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[c]Not applicable.

Table 31.
HIV-1 Seroprevalence Among Persons Entering Drug Treatment Centers (DTC)[1] by Primary IV and Non-IV Drug Used Alameda County, January – December 1997

Primary IV Drug Used/ Primary Non-IV Drug Used		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Primary IV Drug Used	Heroin	260	22	8.5	159	16	10.1
	Cocaine	a	0	b	0	0	b
	Heroin & Cocaine	0	0	b	0	0	b
	Amphetamines	0	0	b	0	0	b
	Not Specified	0	0	b	0	0	b
Total		262	22	8.4	159	16	10.1
Primary Non-IV Drug Used	Heroin	58	1	b	31	0	b
	Crack	24	2	b	18	3	16.7
	Cocaine	21	4	19.0	16	2	b
	Heroin & Cocaine	a	0	b	0	0	b
	Barbiturates	a	1	b	a	0	b
	Other Narcotics[3]	13	3	23.1	7	0	b
	Amphetamines	9	2	b	a	0	b
	Marijuana	18	0	b	11	0	b
	Other Drug[4]	a	0	b	a	0	b
	Not Specified	0	0	b	0	0	b
Total		147	13	8.8	90	5	5.6

[1] Includes persons entering methadone treatment who: 1) are under evaluation for admission to drug treatment ("entrants") and 2) have used illicit drugs or prescription drugs for non-prescribed use at least once within the past 12 months. Excludes persons with a prior admission to treatment during the survey period. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Other narcotics include: opium, morphine, dilaudid, percodan, demerol or codeine.

[4] Other drug(s) include: hallucinogens (LSD, PCP, angel dust), inhalents (glue, amyl nitrate), esctacy, or Valium and other benzodiazepines.

[a] Less than 5.

[b] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Table 32.
HIV-1 Seroprevalence Among Persons Entering Drug Treatment Centers (DTC)[1] by Risk Behavior, Race/Ethnicity, and Age Group Category Contra Costa County, January – June 1997

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM/Bisexual[3]	0	0	a	b	b	b
	MSM/Bisexual, IDU	c	0	a	b	b	b
	Heterosexual	c	0	a	c	0	a
	Heterosexual, IDU	150	3	2.0	104	4	3.8
	Other	10	1	a	3	0	a
	Unknown	0	0	a	0	0	a
Race/Ethnicity	White	121	1	0.8	90	1	a
	Black	12	3	a	13	2	a
	Hispanic	19	0	a	7	1	a
	Asian/Pacific Islander	c	0	a	0	0	a
	American Ind/Alsk Native	0	0	a	0	0	a
	None of the Above	10	0	a	0	0	a
Age Group	Under 15	0	0	a	0	0	a
	15-19	0	0	a	0	0	a
	20-24	c	0	a	c	0	a
	25-29	8	0	a	5	0	a
	30-34	18	0	a	17	0	a
	35-39	35	1	a	33	1	a
	40-44	46	2	a	32	3	9.4
	45 and Over	53	1	a	21	0	a
	Unknown	1	0	a	1	0	a
Total		163	4	2.5	110	4	3.6

[1] Includes persons entering methadone treatment who: 1) are under evaluation for admission to drug treatment ("entrants") and 2) have used illicit drugs or prescription drugs for non-prescribed use at least once within the past 12 months. Excludes persons with a prior admission to treatment during the survey period. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

[c] Less than 5.

Table 33.
HIV-1 Seroprevalence Among Persons Entering Drug Treatment Centers (DTC)[1] by Primary IV and Non-IV Drug Used Contra Costa County, January – June 1997

Primary IV Drug Used/ Primary Non-IV Drug Used		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Primary IV Drug Used	Heroin	150	4	2.7	96	3	3.1
	Cocaine	0	0	a	0	0	a
	Heroin & Cocaine	0	0	a	0	0	a
	Amphetamines	b	0	a	0	0	a
	Not Specified	3	0	a	5	1	a
Total		154	4	2.6	101	4	4.0
Primary Non-IV Drug Used	Heroin	0	0	a	b	0	a
	Crack	b	1	a	b	1	a
	Cocaine	7	0	a	7	1	a
	Heroin & Cocaine	0	0	a	0	0	a
	Barbiturates	b	0	a	0	0	a
	Other Narcotics[3]	8	2	a	6	0	a
	Amphetamines	5	0	a	11	0	a
	Marijuana	7	0	a	0	0	a
	Other Drug[4]	10	0	a	14	0	a
	Not Specified	58	0	a	35	1	a
Total		100	3	3.0	78	3	a

[1]Includes persons entering methadone treatment who: 1) are under evaluation for admission to drug treatment ("entrants") and 2) have used illicit drugs or prescription drugs for non-prescribed use at least once within the past 12 months. Excludes persons with a prior admission to treatment during the survey period. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3]Other narcotics include: opium, morphine, dilaudid, percodan, demerol or codeine.

[4]Other drug(s) include: hallucinogens (LSD, PCP, angel dust), inhalents (glue, amyl nitrate), esctacy, or Valium and other benzodiazepines.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b]Less than 5.

Table 34.
HIV-1 Seroprevalence Among Persons Entering Drug Treatment Centers (DTC)[1] by Risk Behavior, Race/Ethnicity, and Age Group Category Los Angeles County, January – December 1997

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM/Bisexual[3]	0	0	a	b	b	b
	MSM/Bisexual, IDU	12	0	a	b	b	b
	Heterosexual	21	0	a	c	0	a
	Heterosexual, IDU	588	6	1.0	10	0	a
	Other	2	0	a	287	1	0.3
	Unknown	0	0	a	0	0	a
Race/Ethnicity	White	202	0	0.0	143	1	0.7
	Black	29	0	a	18	0	a
	Hispanic	373	6	1.6	125	0	0.0
	Asian/Pacific Islander	7	0	a	c	0	a
	American Ind/Alsk Native	c	0	a	c	0	a
	None of the Above	9	0	a	7	0	a
Age Group	Under 15	c	0	a	c	0	a
	15-19	c	0	a	c	0	a
	20-24	22	0	a	9	0	a
	25-29	49	1	a	31	1	a
	30-34	98	1	a	52	0	a
	35-39	147	1	0.7	83	0	a
	40-44	123	0	0.0	55	0	a
	45 and Over	178	3	1.7	64	0	a
	Unknown	0	0	a	0	0	a
Total		623	6	1.0	298	1	0.3

[1]Includes persons entering methadone treatment who: 1) are under evaluation for admission to drug treatment ("entrants") and 2) have used illicit drugs or prescription drugs for non-prescribed use at least once within the past 12 months. Excludes persons with a prior admission to treatment during the survey period. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3]Includes men who have sex with men (MSM) and bisexual men.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b]Not applicable.

[c]Less than 5.

Table 35.
HIV-1 Seroprevalence Among Persons Entering Drug Treatment Centers (DTC)[1] by Primary IV and Non-IV Drug Used Los Angeles County, January – December 1997

Primary IV Drug Used/ Primary Non-IV Drug Used		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Primary IV Drug Used	Heroin	548	6	1.1	235	1	0.4
	Cocaine	a	0	b	a	0	b
	Heroin & Cocaine	31	0	b	34	0	b
	Amphetamines	0	0	b	0	0	b
	Not Specified	0	0	b	0	0	b
Total		583	6	1.0	270	1	0.4
Primary Non-IV Drug Used	Heroin	33	0	b	14	0	b
	Crack	24	0	b	25	0	b
	Cocaine	a	0	b	a	0	b
	Heroin & Cocaine	0	0	b	a	0	b
	Barbiturates	6	0	b	a	0	b
	Other Narcotics[3]	116	2	1.7	58	0	b
	Amphetamines	a	0	b	a	0	b
	Marijuana	41	0	b	8	1	b
	Other Drug(s)[4]	39	0	b	29	0	b
	Not Specified	108	0	0.0	18	0	b
Total		371	2	0.5	161	1	0.6

[1] Includes persons entering methadone treatment who: 1) are under evaluation for admission to drug treatment ("entrants") and 2) have used illicit drugs or prescription drugs for non-prescribed use at least once within the past 12 months. Excludes persons with a prior admission to treatment during the survey period. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Other narcotics include: opium, morphine, dilaudid, percodan, demerol or codeine.

[4] Other drug (s) include: hallucinogens (LSD, PCP, angel dust), inhalents (glue, amyl nitrate), esctacy, or Valium and other benzodiazepines.

[a] Less than 5.

[b] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

BLOOD BANKS
AND PLASMA CENTERS

SURVEY AMONG BLOOD BANKS AND PLASMA CENTERS

The California Department of Health Services, Office of AIDS (CDHS/OA), began monitoring data from the routine testing of blood donors in 1987. HIV prevalences among donors are lower than those of the general population because persons at increased risk for HIV infection are actively discouraged from donating.

This report summarizes data from HIV-1 antibody screening of blood and blood products collected in selected California counties and cities for 1997. Additional county data are available through the Office of AIDS. CDHS/OA received reports of testing results from 48 blood banks and 19 plasma centers. This information represents data from California facilities required to report HIV-1/HIV-2[1] antibody test results to CDHS/OA.

In 1997, 868,655 specimens from selected California blood banks[2] were tested, of which 29 (0.003 percent) were seropositive. HIV seroprevalence in selected California blood banks ranged from zero to 0.006 percent (Table 36).

In 1997, 640,373 specimens from selected California plasma centers[3] were tested, of which 72 (0.011 percent) were seropositive (Table 37). HIV seroprevalence in selected California plasma centers ranged from zero to 0.051 percent.

---

[1]Testing for HIV-2 began the second quarter of 1992. Data collected through 1997 showed 19 confirmed positive for HIV-2. To date, the U.S. Food and Drug Administration has not licensed a confirmatory test for HIV-2 infection. Currently, reactive HIV-2 EIAs are confirmed by unlicensed tests. Cross-reactivity between HIV-1 and HIV-2 is a strong possibility in instances where HIV-2 is confirmed by existing unlicensed testing.

[2]Fresno, Kern, Los Angeles, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, Santa Clara and the City of Long Beach.

[3]Alameda, Fresno, Kern, Los Angeles, Sacramento, San Bernardino, San Diego, and the City of Long Beach.

Table 36.
HIV-1 Seroprevalence for Units Collected
Selected California Blood Banks
1997

County/City of Residence	Number Tested	Number Positive[1]	Prevalence (%)
Fresno	51,442	2	0.004
Kern	25,880	0	0.000
Los Angeles	306,935	15	0.005
Sacramento	121,767	1	0.001
San Bernardino	52,723	1	0.002
San Diego	109,758	2	0.002
San Francisco	94,214	6	0.006
San Joaquin	35,298	1	0.003
San Luis Obispo	13,393	0	0.000
Santa Clara	55,923	1	0.002
Long Beach	1,322	0	0.000
Total	868,655	29	0.003

[1] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorencence Assay (IFA).

Table 37.
HIV-1 Seroprevalence for Units Collected
Selected California Plasma Centers
1997

County/City of Residence	Number Tested	Number Positive[1]	Prevalence (%)
Alameda	28,604	4	0.014
Fresno	89,267	6	0.007
Kern	32,930	3	0.009
Los Angeles	66,139	34	0.051
Sacramento	34,330	3	0.009
San Bernardino	43,333	1	0.002
San Diego	231,727	21	0.009
Long Beach	114,043	0	0.000
Total	640,373	72	0.011

[1] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorencence Assay (IFA).

CIVILIAN APPLICANTS FOR MILITARY SERVICE

SURVEY AMONG CIVILIAN APPLICANTS FOR MILITARY SERVICE

Since October 1985, all persons applying for active duty or reserve military service, the service academies, and the Reserve Officer Training Corps (ROTC) have been screened for HIV infection as part of their entrance medical evaluation. Applicants found to be HIV positive are excluded from military service but receive counseling from a military physician and referrals to HIV/AIDS specialists and counselors in their own communities. Data from this group are important because of the large number of persons screened and because the applicants include both sexes and all racial and ethnic groups from all areas of the country. The Department of Defense shares the resulting statistical data with the Centers for Disease Control and Prevention (CDC) for HIV surveillance purposes. The CDC in turn provides this information (excluding personal identifiers) to state and local health departments.

Prior to July 1993, before medical evaluations, applicants were interviewed about drug use and homosexual activity, both of which were grounds for exclusion from entry into military service. Potential applicants were informed that they would be screened for HIV antibodies and excluded from entry if infected. Therefore, injecting drug users, men who have sex with men, and persons who suspected or were already aware they were infected with HIV were likely to have been under represented among those applicants actually tested. In 1993, President Clinton authorized the "don't ask, don't tell policy" and applicants could no longer be asked about homosexual activity.

This report summarizes data for 12 selected California counties[1]. These counties represent the counties that collect STD or DTC data. Additional county data are available through the Office of AIDS. In 1997, a total of 21,486 specimens from these selected counties were tested for HIV antibodies (Table 38). Of these, 0.04 percent were seropositive. Prevalence ranged from zero positives in eight counties to a high of 0.10 percent in Alameda county.

As shown in Table 39, males represented 82.3 percent (17,674) of the total civilian applicants for these counties, of which eight (0.05 percent) were seropositive. Females represented 17.7 percent (3,812) of the total civilian applicants for these counties, of which zero were seropositive (Table 40).

In 1997, men in age group *30-34* showed the highest prevalence of 0.59 percent. Among race/ethnicity groups, *Black* men had the highest prevalence of 0.14 percent.

[1] Alameda, Contra Costa, Fresno, Kern, Los Angeles, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, and Santa Clara.

Table 38.
HIV-1 Seroprevalence for Civilian Applicants for Military Service
Selected California Counties[1]
1997

County/City of Residence	Number Tested	Number Positive[2]	Prevalence (%)
Alameda	1,008	1	0.10
Contra Costa	754	0	0.00
Fresno	736	0	0.00
Kern	814	0	0.00
Los Angeles	8,027	4	0.05
Sacramento	1,567	0	0.00
San Bernardino	2,368	1	0.04
San Diego	3,610	2	0.06
San Francisco	436	0	0.00
San Joaquin	726	0	0.00
San Luis Obispo	245	0	0.00
Santa Clara	1,195	0	0.00
Total	21,486	8	0.04

[1] Data provided by Centers for Disease Control and Prevention, National Center for HIV/STD/TB Prevention, Division of HIV/AIDS Prevention, Civilian Applicants for Military Service.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorencence Assay (IFA).

Table 39.
HIV-1 Seroprevalence for Male Civilian Applicants For Military Service By Age Group and Race/Ethnicity Selected California Counties[1]
1997

Gender and Age Group	Number Tested	Number Positive[2]	Prevalence %
Age Group			
Under 15	0	0	0.00
15-19	9,736	0	0.00
20-24	4,862	2	0.04
25-29	1,700	1	0.06
30-34	848	5	0.59
35-39	305	0	0.00
40-44	132	0	0.00
45 and Over	91	0	0.00
Race/Ethnicity			
White	7,854	4	0.05
Black	2,200	3	0.14
Hispanic	4,699	0	0.00
Asian/Pacific Islander	2,239	0	0.00
American Indian/Alaskan Native	214	0	0.00
None of the Above	468	1	0.21
Total	17,674	8	0.05

[1] Data provided by Centers for Disease Control and Prevention, National Center for HIV/STD/TB Prevention, Division of HIV/AIDS Prevention, Civilian Applicants for Military Service.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorencence Assay (IFA).

Table 40.
HIV-1 Seroprevalence for Female Civilian Applicants For Military Service By Age Group and Race/Ethnicity Selected California Counties[1]
1997

Gender and Age Group	Number Tested	Number Positive[2]	Prevalence %
Age Group			
Under 15	0	0	0.00
15-19	2,222	0	0.00
20-24	989	0	0.00
25-29	341	0	0.00
30-34	161	0	0.00
35-39	63	0	0.00
40-44	26	0	0.00
45 and Over	10	0	0.00
Race/Ethnicity			
White	1,622	0	0.00
Black	722	0	0.00
Hispanic	864	0	0.00
Asian/Pacific Islander	445	0	0.00
American Indian/Alaskan Native	44	0	0.00
None of the Above	115	0	0.00
Total	3,812	0	0.00

[1] Data provided by Centers for Disease Control and Prevention, National Center for HIV/STD/TB Prevention, Division of HIV/AIDS Prevention, Civilian Applicants for Military Service.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorencence Assay (IFA).

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TO: INTERESTED PARTIES

SUBJECT: CALIFORNIA HIV SEROPREVALENCE ANNUAL REPORT 1998

I am pleased to make available to you the *California HIV Seroprevalence Annual Report*. The data in this report were gathered in 1998 by the California Department of Health Services, Office of AIDS, in collaboration with local health departments, the Centers for Disease Control and Prevention, California blood banks and plasma centers, and the United States Department of Defense.

The data have been useful to many local health departments in monitoring the HIV epidemic locally, targeting prevention activities and other services, and making other public health policy decisions.

I hope you find the data useful in your local HIV serosurveillance activities as well as the community HIV prevention planning process. You can access an electronic version of this report on the World Wide Web at **http://www.dhs.ca.gov/AIDS**. If you have any questions about this annual report, please contact Donna Zukowski or Juan D. Ruiz, M.D., Dr. P.H. with the HIV/AIDS Epidemiology Branch at (916) 445-0553.

Vanessa Baird

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CALIFORNIA HIV SEROPREVALENCE ANNUAL REPORT 1998

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GLOSSARY OF ACRONYMS

ELISA	Enzyme-linked immunosorbent assay
CDC	Centers for Disease Control and Prevention
DTC	Drug treatment center
HFS	HIV Family of Surveys
HIV	Human immunodeficiency virus
IDU	Injection drug use
IFA	Immunofluorescence assay
MSM	Men who have sex with men
STD	Sexually transmitted diseases

CALIFORNIA HIV SEROPREVALENCE ANNUAL REPORT 1998

Background

Since the summer of 1988, the California Department of Health Services, Office of AIDS (DHS/OA) has participated in Human Immunodeficiency Virus (HIV) Family of Surveys (HFS) funded by the Centers for Disease Control and Prevention (CDC). The objectives of sentinel serosurveillance are to 1) provide state and local health officials and the general public with information on HIV prevalence in various populations, so that education and prevention programs can be developed, targeted, and evaluated; 2) indicate the magnitude and extent of HIV infection by demographic and behavioral subgroup and by geographic area; 3) indicate regional and national changes over time in the prevalence of infection in specific populations defined by HIV risk behaviors and demographic characteristics; and 4) assist in projecting the number of children and adults who will develop HIV-associated illness and require medical care.

The serosurveys are clinic-based and are conducted annually in selected sentinel sites throughout the State. They are designed to establish baseline HIV seroprevalence rates, monitor HIV trends in known high-risk or cross-over groups, and serve as an early warning system for the possible spread of HIV from these groups into the general population.

All of these surveys use anonymous, unlinked (blinded) HIV testing. In unlinked surveys, samples gathered from discarded blood originally collected from consecutive eligible clients for routine diagnostic purposes are tested for HIV antibodies after all personal identifying information has been removed. The HIV test results as well as risk information obtained from medical records cannot be linked to specific individuals.

This summary presents results of the HIV serosurveillance activities from surveys in sentinel sites in California during 1998. The selected clinical settings included sexually transmitted disease (STD) clinics and drug treatment centers (DTC). In addition, this report includes data obtained from other sources: HIV screening by blood collection agencies of blood donations, and HIV screening by the Department of Defense of civilian applicants for military service.

In previous editions of this report, Survey of Childbearing Women data were summarized. However, in 1995 the CDC, at the request of the Assistant Secretary of Health and Human Services, discontinued the Survey of Childbearing Women. The DHS/OA replicated this study during the third quarter of 1998; data will be available in a subsequent report.

All of the surveys in this report measure HIV seroprevalence, which is the proportion of persons who have serologic evidence of HIV infection at a given time. Seroprevalence is influenced by the rate of new HIV infections (incidence) and by attrition of HIV-infected persons from the population under study, often through illness or death.

HIV seroprevalence is a good indicator of future morbidity and health delivery needs because it measures the level of HIV infection in a population. Seroprevalence data from a single site should be interpreted with caution because the representativeness of the sample population may be changing.

Highlights

Sexually Transmitted Disease Clinics

In 1998, a total of 18,168 serum samples were tested for the presence of HIV antibody at 19 STD clinics in 11 local health departments[1] (Table 2). Statewide, the seroprevalence (2.4 percent) at STD clinics decreased from 2.9 percent in 1997.[2]

The overall HIV seroprevalence among men in 1998 was 3.5 percent and among women was 0.5 percent (Table 3). By risk behavior, the highest seroprevalence (19.0 percent) in STD clinics was among men who reported sex with men who also injected drugs, down from 25.4 percent in 1997.

Among men in the sample, seroprevalence was highest (13.3 percent) in the American Indian/Alaskan Native race/ethnic group (Table 4). Among women, the Black race/ethnic group had the highest seroprevalence (0.9 percent).

Figures 7-14 present trends in HIV seroprevalence among persons attending STD clinics in eight regions of California for years 1994–1998, by race/ethnicity, age group and risk behavior.

Drug Treatment Centers

Overall, there were a total of 1,246 serum samples tested at five centers in three local health departments[3] (Table 23). The seroprevalence (2.2 percent) for all centers decreased from 3.1 percent in 1997. Among selected counties, the seroprevalence in 1998 ranged from a high of 7.5 percent in Alameda county to a low of 0.8 percent in Contra Costa county.

Of men tested at DTCs in 1998, 2.1 percent were HIV positive, compared to 2.3 percent of women (Table 24). By risk behavior, seroprevalence was highest among women who reported Heterosexual, IDU (2.6 percent).

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[1] Fresno, Kern, Los Angeles, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Long Beach, Berkeley.

[2] All 1997 data from: State of California, Department of Health Services, Office of AIDS, HIV/AIDS Epidemiology Branch; California HIV Seroprevalence Annual Report 1997, June 1999.

[3] Alameda, Contra Costa, Los Angeles.

HIV seroprevalence was highest among Black men and women; however both showed a decrease in seroprevalence compared to 1997 (Table 25). The seroprevalence among both White men (0.9 percent) and White women (zero) decreased compared to 1997. Hispanic women accounted for the only percent increase between 1997 and 1998.

For 1998, HIV seroprevalence was highest for men and women (3.2 and 4.9 percent, respectively) in age group 40 - 44 (Table 26).

HIV seroprevalence among heroin injection drug users was 1.8 percent for men and 2.3 percent for women (Table 27).

Table 28 presents HIV seroprevalence by primary non-injection drug used. During 1998, HIV seroprevalence was highest among men using heroin (3.8 percent).

Figures 18-21 present trends in HIV seroprevalence among persons attending drug treatment centers by race/ethnicity, age group, and risk behavior for years 1994 – 1998.

California Blood Banks and Plasma Centers

In 1998, 910,528 specimens from selected California blood banks[4] were tested, of which 35 (0.004) percent were seropositive (Table 35). In 1998, 640,872 specimens from selected California plasma centers[5] were tested, of which 41 (0.006 percent) were HIV seropositive (Table 36).

Civilian Applicants for Military Service

In 1998, a total of 20,702 serum samples were tested among persons applying for military service in 11 selected counties[6]. HIV seroprevalence was 0.03 percent (Table 37).

Men represented 80.8 percent of the total civilian applicants among these counties, of which 0.04 percent were HIV seropositive (Table 38). Women represented 19.2 percent with HIV prevalence of 0.03 (Table 39).

[4]Alameda, Fresno, Kern, Los Angeles, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara and the City of Long Beach.

[5]Alameda, Fresno, Kern, Los Angeles, Sacramento, San Bernardino, San Diego and City of Long Beach.

[6]Alameda, Contra Costa, Fresno, Kern, Los Angeles, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara.

SEXUALLY TRANSMITTED DISEASE CLINICS

SURVEYS OF ADULTS ATTENDING SEXUALLY TRANSMITTED DISEASE (STD) CLINICS

STD clinics serve persons at increased risk of infectious disease due to unprotected sex and other behaviors such as injection drug use. During 1998, STD clinics in 11 local health departments[1] conducted unlinked surveys to determine rates of HIV infection among STD clients. Serum samples from clients who were being evaluated for a possible STD and who had not previously visited the clinic since initiation of the survey in any calendar year were included in the survey. Clients may be included in the survey solely for HIV testing and counseling; however, they must at that time have blood drawn for purposes other than HIV testing. Eligible specimens were selected consecutively to meet a desired sample size of at least 500 clients at each clinic.

This report summarizes results for 1998 from 19 STD clinics in selected California counties and cities. Statewide, the seroprevalence at the clinics decreased from 2.9 percent in 1997[2] to 2.4 percent in 1998 (Table 1).

Selected California counties and cities submitted between 322 and 10,016 serum specimens each for a total of 18,168 serum samples tested during 1998 (Table 2).

HIV seroprevalence varied by region, from a high of 7.2 percent in San Francisco to a low of zero positives in the South Valley (Table 1, Figure 1). The seroprevalence for San Francisco, San Diego, Los Angeles, Central Coast and Bay Area regions showed a decrease from 1997. However, the seroprevalence for Central Valley and North Valley increased, South Valley remained the same. Among selected counties the highest percent change between 1997 and 1998 was in San Joaquin County.

Men represented 65.0 percent (11,803) of the total STD population of which 3.5 percent (416) were HIV seropositive, compared to 4.1 percent in 1997 (Table 3). Women represented 34.9 percent (6,342) of the total STD population of which 0.5 percent (29) were HIV seropositive, a decrease from 0.6 percent in 1997. The highest seroprevalence (19.0 percent) was among men who reported sex with men who injected drugs, compared to 25.4 percent in 1997 (a decrease of 25.2 percent). Men who have sex with men showed a prevalence of 16.5 percent, down from 19.5 percent in 1997. Among Heterosexuals, men showed a seroprevalence of 0.8 percent, down from 1.1 percent in 1997 and women showed a seroprevalence of 0.4 percent, down from 0.5 percent in 1997.

In 1998, 38.9 percent (7,062) of the specimens tested in the STD clinics were drawn from

[1] Fresno, Kern, Los Angeles, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Long Beach, and Berkeley.

[2] All 1997 data from: State of California, Department of Health Services, Office of AIDS, HIV/AIDS Epidemiology Branch; California HIV Seroprevalence Annual Report 1997, June 1999.

Black clients; 35.1 percent (6,378) from Hispanics; 19.6 percent (3,560) from Whites; and 3.9 percent (700) from Asian/Pacific Islanders (Table 4, Figure 2). Seroprevalence for both White men (6.3 percent) and White women (0.4 percent) decreased compared to 1997 (7.8 and 0.7 percent, respectively). Among Black men the seroprevalence showed a decrease from 3.1 percent in 1997 to 2.8 percent in 1998. Black women showed an increase from 0.7 percent in 1997 to 0.9 percent in 1998. The seroprevalence for both Hispanic men (2.6 percent) and Hispanic women (0.1 percent) decreased compared to 1997 (3.1 and 0.5 percent, respectively). The seroprevalence for Asian/Pacific Islander men (2.0 percent) decreased from 2.5 percent in 1997. Asian/Pacific Islander women had zero positives in 1998, down from 0.3 percent in 1997.

Age group 45 and Over had the highest seroprevalence (5.2 percent) and represented 10.1 percent of men attending STD clinics (Table 5, Figure 3). Compared to 1997, seroprevalence among men decreased in age groups 15-44 and 45 & Over. Among women the seroprevalence for age groups 15-44 and 45 and Over was 0.5 percent, seroprevalence for both age groups decreased compared to 1997.

Table 6 and Figure 4 present HIV seroprevalence for men who have sex with men (MSM) and MSM who have a history of injection drug use (IDU) attending STD clinics by race/ethnicity. In 1998, HIV seroprevalence ranged from a high of 26.6 (63/237) percent among Black men to a low of 6.0 (5/84) percent among Asian/Pacific Islander men. By age group the highest seroprevalence (19.3 percent) was among age group 45 and Over (Table 7).

Tables 8, 9 and Figure 5 present HIV seroprevalence for heterosexual males and females attending STD clinics by race/ethnicity. In 1998, the highest HIV seroprevalence was for Black males (1.2 percent) and Black females (0.9 percent).

The highest seroprevalence among heterosexual males was in age group 45 and Over (Table 10 and Figure 6). Among women, seroprevalence was 0.5 percent for age groups 15-44 and 45 and Over (Table 11).

Tables 12 through 22 present seroprevalence data from the sentinel sites by risk behavior, race/ethnicity and age group.

STD clinics serve large numbers of HIV-infected persons. HIV surveillance in these clinics provides important information about populations at greatest risk for HIV infection. Serosurveillance may also provide an early warning of the heterosexual spread of HIV infection, since those at greatest risk of heterosexual transmission are likely to be those also at risk of acquiring other STDs.

Table 1.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted Disease (STD)[1] Clinics By California Regions 1997 - 1998

Regions[2]	Number Tested 1998	Number Positive[3] 1998	Prevalence (%)		Percent Change 1997 to 1998
			1997	1998	
San Francisco[4]	3,909	281	8.0	7.2	-10.0
San Diego[5]	502	12	4.4	2.4	-45.5
Los Angeles	10,016	128	1.8	1.3	-27.8
Long Beach[5]	500	5	1.8	1.0	-44.4
Bay Area[5]	747	6	0.9	0.8	-11.1
Central Valley[5]	1,507	10	0.2	0.7	250.0
North Valley[5]	488	3	0.3	0.6	100.0
South Valley[5]	499	0	0.0	0.0	0.0
Total	18,168	445	2.9	2.4	-17.2

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] North Valley = Sacramento County. Bay Area = City of Berkeley and Santa Clara County. Central Valley = Fresno, Kern, and San Joaquin Counties. South Valley = San Bernardino County.

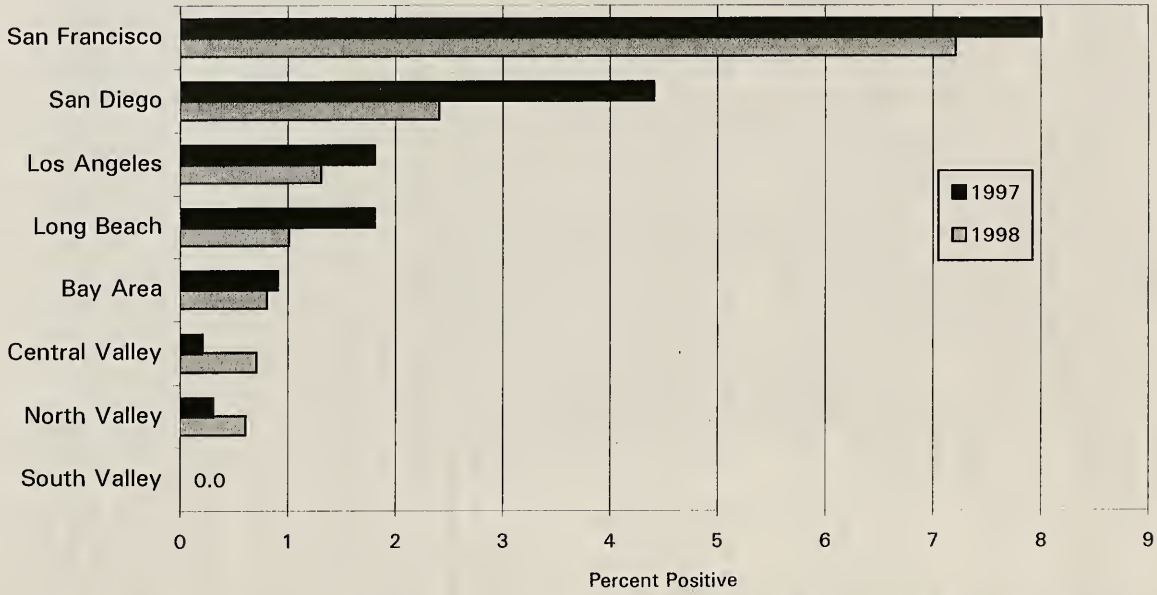
[3] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[4] Data collection for July – December 1998.

[5] Data collection for January - June 1998.

Note: San Luis Obispo county did not report data in 1998. Therefore, we deleted San Luis Obispo from this table. Region totals include unknown gender and may not agree with individual County/City totals (Tables 12-22).

Figure 1. HIV-1 Seroprevalence Among Persons Attending STD Clinics by Region (Selected Counties and Cities), 1997 - 1998



Note: South Valley = San Bernardino County. North Valley = Sacramento. Central Valley = Fresno, Kern, and San Joaquin Counties. Bay Area = City of Berkeley and Santa Clara County.

Table 2.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted Disease (STD)[1] Clinics By Selected California Counties and Cities 1997 - 1998

Universal Counties and Cities	Number Tested 1998	Number Positive[2] 1998	Prevalence (%)		Percent Change 1997 to 1998
			1997	1998	
Fresno[3]	505	2	0.0	0.4	a
Kern[3]	491	3	0.0	0.6	a
Los Angeles	10,016	128	1.8	1.3	-27.8
Sacramento[3]	488	3	0.3	0.6	100.0
San Bernardino[3]	499	0	0.0	0.0	0.0
San Diego[3]	502	12	4.4	2.4	-45.5
San Francisco[4]	3,909	281	8.0	7.2	-10.0
San Joaquin[3]	511	5	0.4	1.0	150.0
Santa Clara[3]	322	0	0.0	0.0	0.0
Long Beach[3]	500	5	1.8	1.0	-44.4
Berkeley[3]	425	6	1.3	1.4	7.7
Total	18,168	445	2.9	2.4	-17.2

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Data collection for January – June 1998.

[4] Data collection for July – December 1998.

[a] Not applicable.

Note: San Luis Obispo county did not report data in 1998. Therefore, we deleted San Luis Obispo from this table. County and City totals include unknown gender and may not agree with individual County/City totals (Tables 12-22).

Table 3.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted Disease (STD)[1] Clinics by Gender and Risk Behavior Category 1997 - 1998

Gender and Risk Behavior	Number Tested 1998	Number Positive[2] 1998	Prevalence (%)		Percent Change 1997 to 1998
			1997	1998	
MALE					
MSM	1,580	261	19.5	16.5	-15.4
MSM/IDU[3]	84	16	25.4	19.0	-25.2
Heterosexual	9,563	76	1.1	0.8	-27.3
Heterosexual, IDU	164	9	4.1	5.5	34.1
Other[4]	11	1	a	a	a
Unknown	401	53	3.8	13.2	247.4
Sub-Total MALE	11,803	416	4.1	3.5	-14.6
FEMALE					
Heterosexual	5,898	26	0.5	0.4	-20.0
Heterosexual, IDU	112	2	1.6	1.8	12.5
Other[4]	103	1	0.5	1.0	100.0
Unknown	229	0	1.9	0.0	-100.0
Sub-Total FEMALE	6,342	29	0.6	0.5	-16.7
Missing Gender	23	0	a	a	a
Total	18,168	445	2.9	2.4	-17.2

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men who have a history of injection drug use (IDU).

[4] Other includes women who have sex with women and not men (WSW) and the following groups if they did not identify sex partner/s by gender: IDU, sex partner of IDU, sex partner of person with HIV/AIDS, exchanged money or drugs for sex.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Table 4.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted Disease (STD)[1] Clinics Selected California Counties and Cities by Gender and Race/Ethnicity 1997 - 1998

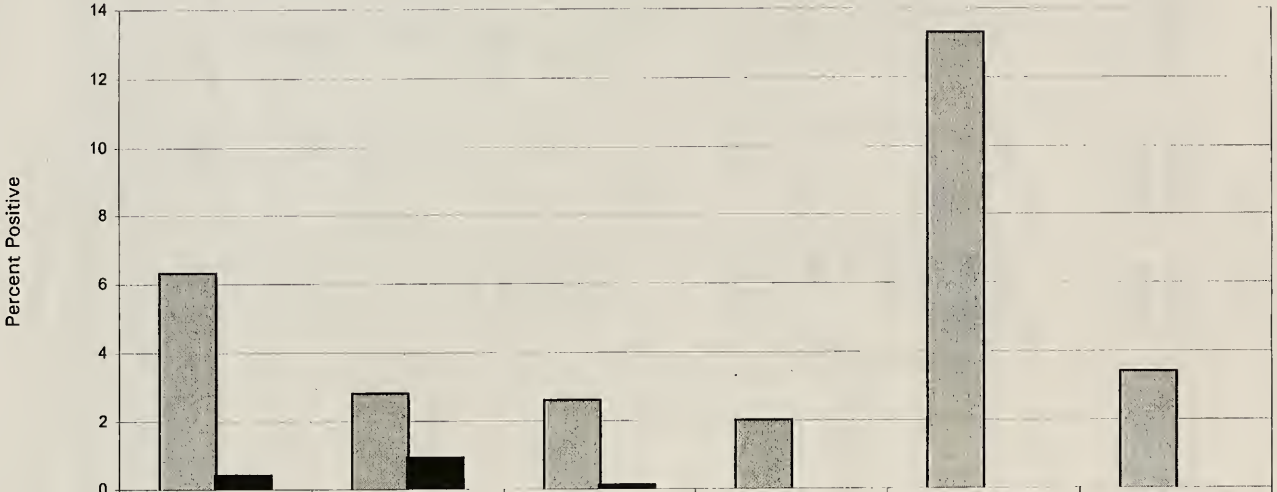
Gender and Race/Ethnicity	Number Tested 1998	Number Positive[2] 1998	Prevalence (%)		Percent Change 1997 - 1998
			1997	1998	
MALE					
White	2,552	162	7.8	6.3	-19.2
Black	4,509	128	3.1	2.8	-9.7
Hispanic	4,051	105	3.1	2.6	-16.1
Asian/Pacific Islander	399	8	2.5	2.0	-20.0
American Indian/Alaskan Native	30	4	9.5	13.3	40.0
Other	152	4	9.3	2.6	-72.0
Unknown	110	5	5.4	4.5	-14.8
Sub-Total MALE	11,803	416	4.1	3.5	-14.6
FEMALE					
White	1,008	4	0.7	0.4	-42.9
Black	2,553	22	0.7	0.9	28.6
Hispanic	2,327	3	0.5	0.1	-80.0
Asian/Pacific Islander	301	0	0.3	0.0	-100.0
American Indian/Alaskan Native	19	0	a	a	a
Other	64	0	a	a	a
Unknown	70	0	a	a	a
Sub-Total FEMALE	6,342	29	0.6	0.5	-16.7
Missing Gender	23	0	a	a	a
Total	18,168	445	2.9	2.4	-17.2

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 2. HIV-1 Seroprevalence Among Persons Attending STD Clinics in Selected California Counties and Cities by Gender and Race/Ethnicity, 1998



	White	Black	Hispanic	Asian/P.I.	American Indian/A.N.	Other/Unknown
Men	6.3	2.8	2.6	2	13.3	3.4
Women	0.4	0.9	0.1	0		

Note: Excludes American Indian/Alaskan Native and Other/Unknown women (not calculated for fewer than 100 tested and number positive less than or equal to 3).

Table 5.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted Disease (STD)[1] Clinics Selected California Counties and Cities by Gender and Age Group 1997 - 1998

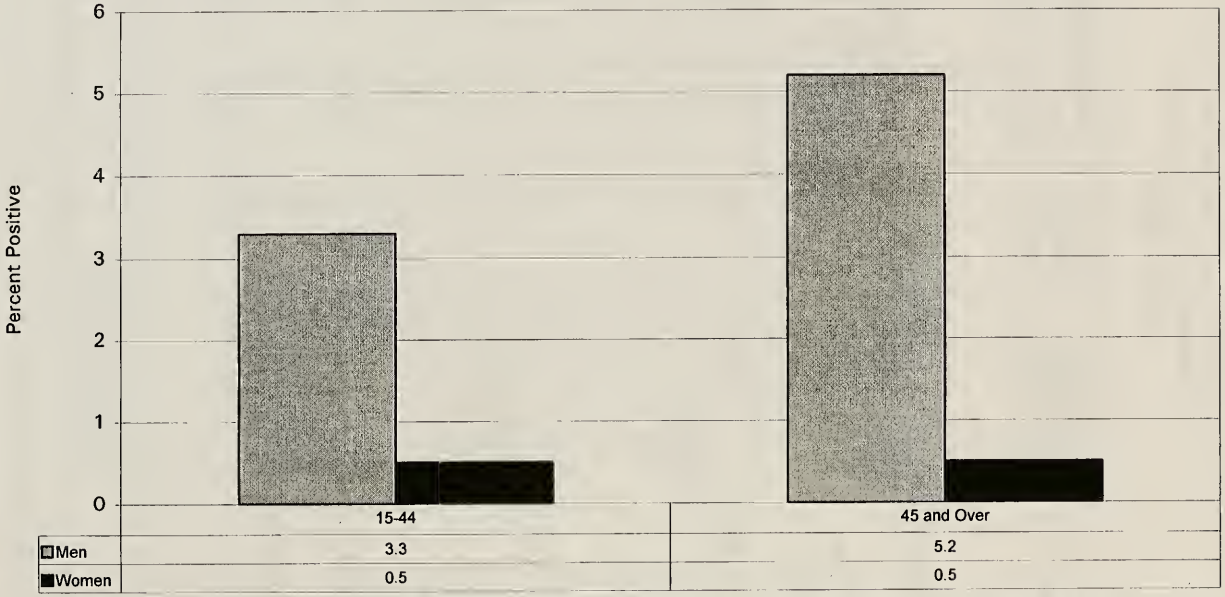
Gender and Age Group	Number Tested 1998	Number Positive[2] 1998	Prevalence (%)		Percent Change 1997 - 1998
			1997	1998	
MALE					
14 and Under	29	0	a	a	a
15-44	10,550	353	4.0	3.3	-17.5
45 and Over	1,192	62	5.3	5.2	-1.9
Unknown	32	1	a	a	a
Sub-Total MALE	11,803	416	4.1	3.5	-14.6
FEMALE					
14 and Under	43	0	a	a	a
15-44	5,837	27	0.6	0.5	-16.7
45 and Over	443	2	1.1	0.5	-54.5
Unknown	19	0	a	a	a
Sub-Total FEMALE	6,342	29	0.6	0.5	-16.7
Missing Gender	23	0	a	a	a
Total	18,168	445	2.9	2.4	-17.2

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 3. Seroprevalence Among Persons Attending STD Clinics in Selected California Counties and Cities by Gender and Age Group, 1998



Note: Excludes 14 and Under and Unknown age group (not calculated for fewer than 100 tested and number positive less than or equal to 3).

Table 6.
HIV-1 Seroprevalence for MSM[1]
Attending Sexually Transmitted Disease (STD)[2] Clinics
Selected California Counties and Cities
by Race/Ethnicity
1997 - 1998

Race/Ethnicity	Number Tested 1998	Number Positive[3] 1998	Prevalence (%)		Percent Change 1997 - 1998
			1997	1998	
White	860	135	19.0	15.7	-17.4
Black	237	63	26.4	26.6	0.8
Hispanic	441	65	19.2	14.7	-23.4
Asian/Pacific Islander	84	5	7.9	6.0	-24.1
American Indian/Alaskan Native	11	4	a	36.4	a
None of the Above[4]	31	5	28.8	16.1	-44.1
Total	1,664	277	19.9	16.6	-16.6

[1] Includes men who have sex with men (MSM) and MSM who have a history of injection drug use (IDU).

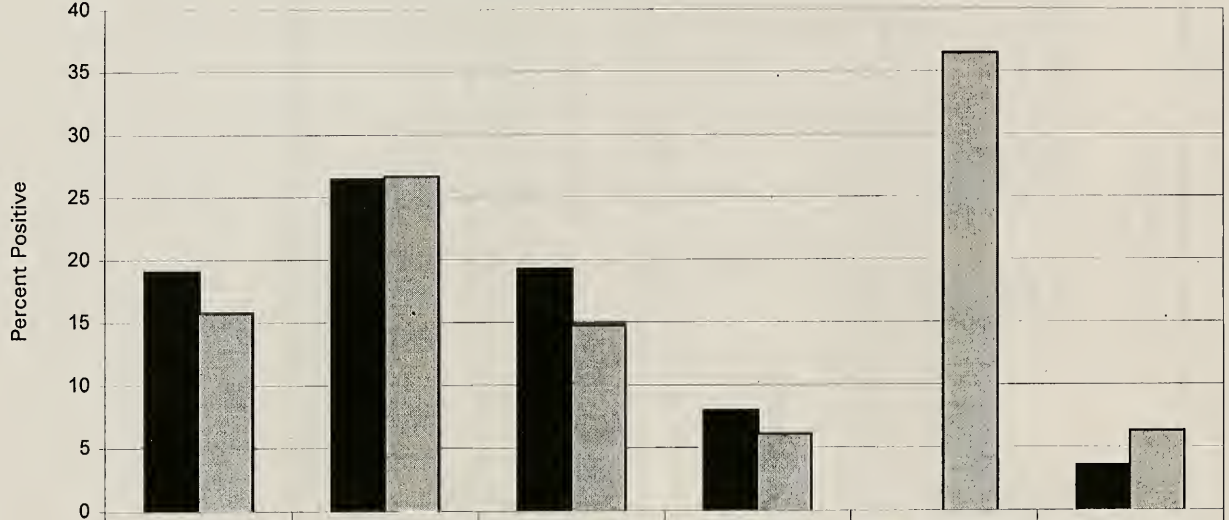
[2]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[3] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[4] Includes other race, unknown race.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 4. HIV-1 Seroprevalence Among MSM Attending STD Clinics in Selected California Counties and Cities by Race/Ethnicity, 1997 - 1998



	White	Black	Hispanic	Asian/P.I.	Amer. Ind./A.N.	Other/Unknown
■1997	19	26.4	19.2	7.9		3.5
□1998	15.7	26.6	14.7	6	36.4	6.2

Note: Excludes 1997 American Indian/Alaskan Native men (not calculated for fewer than 100 tested and number positive less than or equal to 3).

Table 7.
HIV-1 Seroprevalence for MSM[1]
Attending Sexually Transmitted Disease (STD)[2] Clinics
Selected California Counties and Cities
by Age Group
1997 - 1998

Age Group	Number Tested 1998	Number Positive[3] 1998	Prevalence (%)		Percent Change 1997 to 1998
			1997	1998	
14 and Under	a	0	b	b	b
15-44	1,469	240	19.9	16.3	-18.1
45 and Over	192	37	20.3	19.3	-4.9
Unknown	a	0	b	b	b
Total	1,664	277	19.9	16.6	-16.6

[1]Includes men who have sex with men (MSM) and MSM men who have a history of injection drug use (IDU).

[2]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[3]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a]Less than 5.

[b]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Table 8.
HIV-1 Seroprevalence for Heterosexual Males[1] Attending Sexually Transmitted Disease (STD)[2] Clinics Selected California Counties and Cities by Race/Ethnicity 1997 - 1998

Race/Ethnicity	Number Tested 1998	Number Positive[3] 1998	Prevalence (%)		Percent Change 1997 - 1998
			1997	1998	
White	1,567	7	1.3	0.4	-69.2
Black	4,187	52	1.5	1.2	-20.0
Hispanic	3,502	26	0.7	0.7	0.0
Asian/Pacific Islander	285	0	0.9	0.0	-100.0
American Indian/Alaskan Native	18	0	a	a	a
None of the Above[4]	168	0	2.3	0.0	-100.0
Total	9,727	85	1.2	0.9	-25.0

[1] Includes men who have a history of injection drug use (IDU).

[2] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[3] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[4] Includes other race, unknown race.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Table 9.
HIV-1 Seroprevalence for Heterosexual Females[1] Attending Sexually Transmitted Disease (STD)[2] Clinics Selected California Counties and Cities by Race/Ethnicity 1997 - 1998

Race/Ethnicity	Number Tested 1998	Number Positive[3] 1998	Prevalence (%)		Percent Change 1997 - 1998
			1997	1998	
White	915	4	0.6	0.4	-33.3
Black	2,462	21	0.7	0.9	28.6
Hispanic	2,250	3	0.5	0.1	-80.0
Asian/Pacific Islander	269	0	0.0	0.0	0.0
American Indian/Alaskan Native	19	0	a	a	a
None of the Above[4]	95	0	0.0	a	a
Total	6,010	28	0.6	0.5	-16.7

[1] Includes women who have a history of injection drug use (IDU).

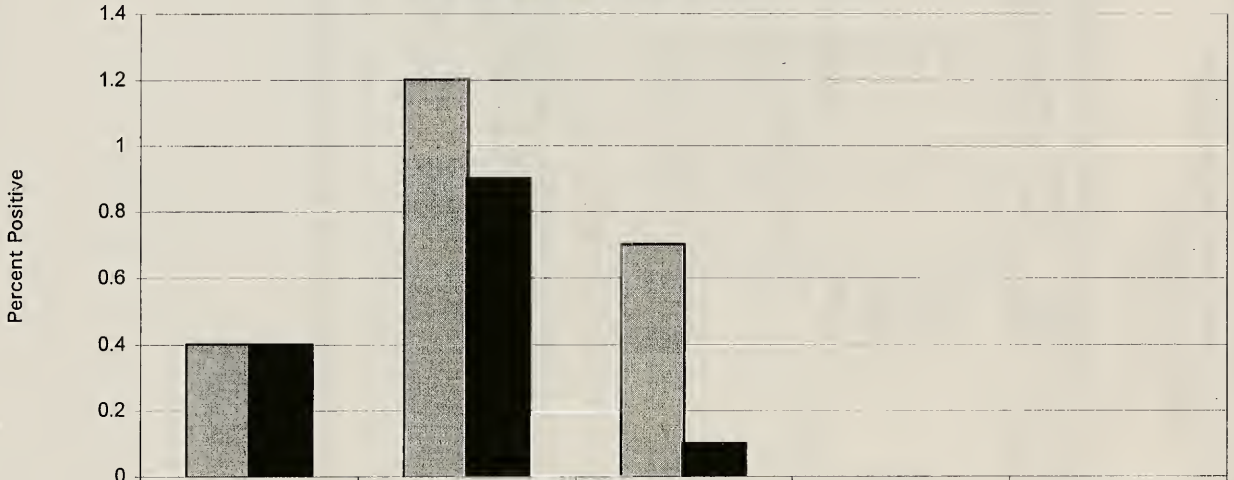
[2] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[3] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[4] Includes other race, unknown race.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 5. HIV-1 Seroprevalence Among Heterosexuals Attending STD Clinics in Selected California Counties and Cities by Gender and Race/Ethnicity, 1998



	White	Black	Hispanic	Asian/P.I.	Other/Unknown
Men	0.4	1.2	0.7	0	0
Women	0.4	0.9	0.1	0	

Note: Excludes American Indian/Alaskan Native race/ethnicity and Other/Unknown women (not calculated for fewer than 100 tested and number positive less than or equal to 3).

Table 10.
HIV-1 Seroprevalence for Heterosexual Males[1] Attending Sexually Transmitted Disease (STD)[2] Clinics Selected California Counties and Cities by Age Group 1997 - 1998

Age Group	Number Tested 1998	Number Positive[3] 1998	Prevalence (%)		Percent Change 1997 to 1998
			1997	1998	
14 and Under	15	0	a	a	a
15-44	8,744	70	1.2	0.8	-33.3
45 and Over	938	15	1.8	1.6	-11.1
Unknown	30	0	a	a	a
Total	9,727	85	1.2	0.9	-25.0

[1]Includes men who have a history of injection drug use (IDU).

[2]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[3]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Table 11.
HIV-1 Seroprevalence for Heterosexual Females[1] Attending Sexually Transmitted Disease (STD)[2] Clinics Selected California Counties and Cities by Age Group 1997 - 1998

Age Group	Number Tested 1998	Number Positive[3] 1998	Prevalence (%)		Percent Change 1997 to 1998
			1997	1998	
14 and Under	38	0	a	a	a
15-44	5,555	26	0.6	0.5	-16.7
45 and Over	404	2	1.0	0.5	-50.0
Unknown	13	0	a	a	a
Total	6,010	28	0.6	0.5	-16.7

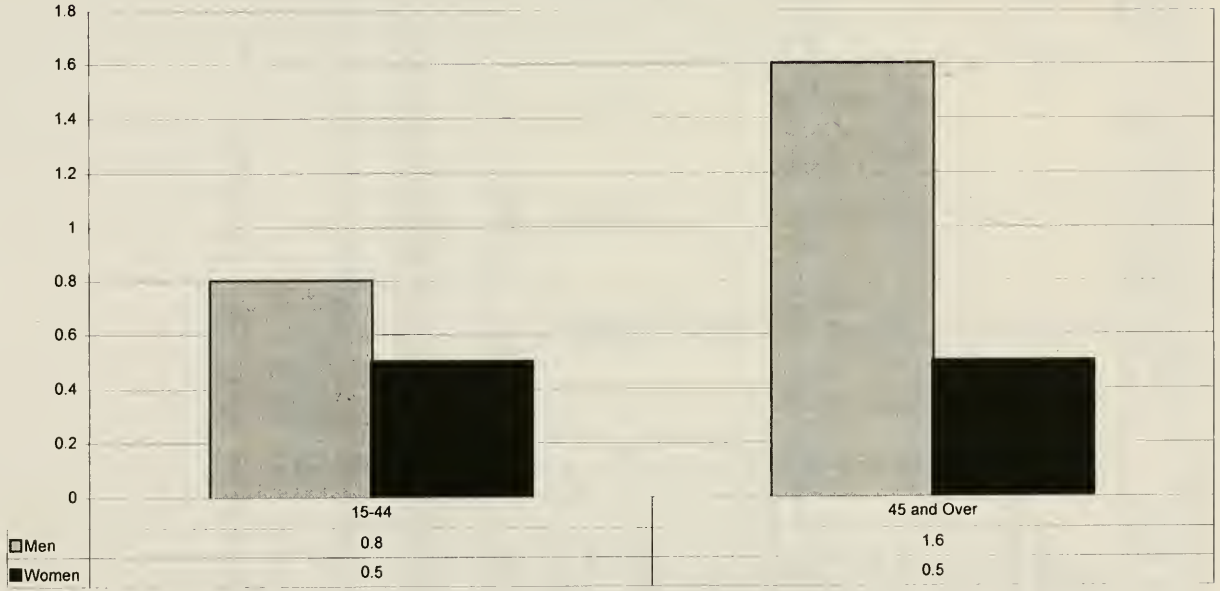
[1]Includes women who have a history of injection drug use (IDU).

[2]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[3]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Figure 6. HIV-1 Seroprevalence Among Heterosexuals Attending STD Clinics in Selected California Counties and Cities by Gender and Age Group, 1998



Note: Excludes 14 and Under and Unknown age group (not calculated for fewer than 100 tested and number positive less than or equal to 3).

Table 12.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category Fresno County, January – June 1998

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM[3]	6	0	a	b	b	b
	MSM, IDU	0	0	a	b	b	b
	Heterosexual	301	1	0.3	184	1	0.5
	Heterosexual, IDU	c	0	a	c	0	a
	Other	0	0	a	c	0	a
	Unknown	c	0	a	c	0	a
Race/Ethnicity	White	38	0	a	39	0	a
	Black	57	0	a	45	1	a
	Hispanic	196	1	0.5	100	0	0.0
	Asian/Pacific Islander	15	0	a	5	0	a
	American Ind/Alsk Native	c	0	a	c	0	a
	Other	c	0	a	0	0	a
	Unknown	c	0	a	c	0	a
Age Group	14 and Under	c	0	a	c	0	a
	15-44	280	1	0.4	173	1	0.6
	45 and Over	25	0	a	16	0	a
	Unknown	6	0	a	c	0	a
Total		312	1	0.3	192	1	0.5

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

[c] Less than 5.

Table 13.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category Kern County, January – June 1998

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM[3]	13	1	a	b	b	b
	MSM, IDU	0	0	a	b	b	b
	Heterosexual	271	1	0.4	181	0	0.6
	Heterosexual, IDU	7	0	a	c	0	a
	Other	0	0	a	9	0	a
	Unknown	c	0	a	0	0	a
Race/Ethnicity	White	83	1	a	49	0	a
	Black	79	1	a	56	1	a
	Hispanic	125	0	0.0	87	0	a
	Asian/Pacific Islander	0	0	a	0	0	a
	American Ind/Alsk Native	0	0	a	0	0	a
	Other	c	0	a	c	0	a
	Unknown	c	0	a	c	0	a
Age Group	14 and Under	c	0	a	6	0	a
	15-44	255	2	0.8	176	1	0.6
	45 and Over	23	0	a	9	0	a
	Unknown	10	0	a	c	0	a
Total		292	2	0.7	194	1	0.5

[1]These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3]Includes men who have sex with men (MSM).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

[c] Less than 5.

Table 14.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category Los Angeles County, January – December 1998

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM[3]	403	55	13.6	a	a	a
	MSM, IDU	24	2	b	a	a	a
	Heterosexual	5,600	47	0.8	3,722	17	0.5
	Heterosexual, IDU	74	3	b	40	1	b
	Lesbian	a	a	a	17	1	b
	Other	0	0	b	0	0	b
	Unknown	82	2	b	54	0	b
Race/Ethnicity	White	379	11	2.9	163	2	1.2
	Black	3,077	49	1.6	1,900	14	0.7
	Hispanic	2,513	46	1.8	1,619	3	0.2
	Asian/Pacific Islander	87	0	b	72	0	b
	American Ind/Alsk Native	5	0	b	9	0	b
	Other	44	1	b	25	0	b
	Unknown	78	2	b	45	0	b
Age Group	14 and Under	20	0	b	25	0	b
	15-44	5,539	94	1.7	3,545	17	0.5
	45 and Over	624	15	2.4	263	2	0.8
	Unknown	0	0	b	0	0	b
Total		6,183	109	1.8	3,833	19	0.5

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM).

[a] Not applicable.

[b] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[c] Less than 5.

Note: Lesbian risk behavior is collected by Los Angeles county only.

Table 15.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category Sacramento County, January – June 1998

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM[3]	16	1	a	b	b	b
	MSM, IDU	c	0	a	b	b	b
	Heterosexual	218	1	0.5	222	0	a
	Heterosexual, IDU	c	1	a	c	0	a
	Other	c	0	a	10	0	a
	Unknown	7	0	a	0	0	a
Race/Ethnicity	White	87	2	a	82	0	a
	Black	100	1	1.0	49	0	a
	Hispanic	42	0	a	95	0	a
	Asian/Pacific Islander	5	0	a	c	0	a
	American Ind/Alsk Native	0	0	a	0	0	a
	Other	14	0	a	c	0	a
	Unknown	c	0	a	c	0	a
Age Group	14 and Under	c	0	a	c	0	a
	15-44	223	3	1.3	224	0	a
	45 and Over	20	0	a	c	0	a
	Unknown	5	0	a	c	0	a
Total		249	3	1.2	234	0	0.0

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

[c] Less than 5.

Table 16.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category San Bernardino County, January – June 1998

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM/Bisexual[3]	19	0	a	b	b	b
	MSM/Bisexual, IDU	c	0	a	b	b	b
	Heterosexual	270	0	0.0	183	0	0.0
	Heterosexual, IDU	c	0	a	c	0	a
	Other	c	0	a	5	0	a
	Unknown	7	0	a	9	0	a
Race/Ethnicity	White	88	0	a	61	0	a
	Black	80	0	a	42	0	a
	Hispanic	117	0	a	69	0	a
	Asian/Pacific Islander	c	0	a	7	0	a
	American Ind/Alsk Native	0	0	a	c	0	a
	Other	8	0	a	11	0	a
	Unknown	5	0	a	6	0	a
Age Group	14 and Under	c	0	a	c	0	a
	15-44	276	0	0.0	178	0	0.0
	45 and Over	23	0	a	18	0	a
	Unknown	c	0	a	0	0	a
Total		301	0	0.0	198	0	0.0

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

[c] Less than 5.

Table 17.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category San Diego County, January – June 1998

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM[3]	54	7	13.0	a	a	a
	MSM, IDU	0	0	b	a	a	a
	Heterosexual	268	5	1.9	147	0	a
	Heterosexual, IDU	0	0	a	c	0	a
	Other	c	0	a	c	0	a
	Unknown	13	0	a	16	0	a
Race/Ethnicity	White	155	3	1.9	63	0	a
	Black	78	5	6.4	39	0	a
	Hispanic	71	3	a	42	0	a
	Asian/Pacific Islander	11	0	a	13	0	a
	American Ind/Alsk Native	c	0	a	0	0	a
	Other	16	0	a	9	0	a
	Unknown	c	1	a	0	0	a
Age Group	14 and Under	0	0	a	0	0	a
	15-44	302	8	2.6	145	0	0.0
	45 and Over	33	4	12.1	19	0	a
	Unknown	1	0	a	2	0	a
Total		336	12	3.6	166	0	0.0

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM).

[a] Not applicable.

[b] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[c] Less than 5.

Table 18.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category San Francisco County, January – December 1998

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM[3]	958	191	19.9	a	a	a
	MSM, IDU	52	14	26.9	a	a	a
	Heterosexual	1,556	13	0.8	797	6	0.8
	Heterosexual, IDU	66	5	7.6	45	1	b
	Other	c	1	b	33	0	b
	Unknown	267	50	18.7	131	0	0.0
Race/Ethnicity	White	1,396	141	10.1	418	2	0.5
	Black	647	67	10.4	250	5	2.0
	Hispanic	590	51	8.6	168	0	0.0
	Asian/Pacific Islander	208	8	3.8	148	0	0.0
	American Ind/Alsk Native	18	4	22.2	6	0	b
	Other	30	2	b	6	0	b
	Unknown	14	1	b	10	0	b
Age Group	14 and Under	0	0	b	0	0	b
	15-44	2,599	233	9.0	932	7	0.8
	45 and Over	303	40	13.2	71	0	b
	Unknown	c	1	b	c	0	0.0
Total		2,903	274	9.4	1,006	7	0.7

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM).

[a] Not applicable.

[b] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[c] Less than 5.

Table 19.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category San Joaquin County, January – June 1998

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM[3]	8	0	a	b	b	b
	MSM, IDU	c	0	a	b	b	b
	Heterosexual	331	4	1.2	119	0	0.0
	Heterosexual, IDU	c	0	a	5	0	a
	Other	0	0	a	9	0	a
	Unknown	17	1	a	12	0	a
Race/Ethnicity	White	73	1	a	31	0	a
	Black	95	2	a	42	0	a
	Hispanic	172	1	0.6	59	0	a
	Asian/Pacific Islander	9	0	a	8	0	a
	American Ind/Alsk Native	0	0	a	0	0	a
	Other	9	1	a	c	0	a
	Unknown	c	0	a	c	0	a
Age Group	14 and Under	c	0	a	c	0	a
	15-44	287	4	1.4	116	0	0.0
	45 and Over	64	1	a	21	0	a
	Unknown	8	0	a	c	0	a
Total		360	5	1.4	145	0	0.0

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

[c] Less than 5.

Table 20.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category Santa Clara County, January – June 1998

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM[3]	35	0	a	b	b	b
	MSM, IDU	0	0	a	b	b	b
	Heterosexual	233	0	a	47	0	a
	Heterosexual, IDU	0	0	a	c	0	a
	Other	c	0	a	c	0	a
	Unknown	0	0	a	c	0	a
Race/Ethnicity	White	84	0	a	21	0	a
	Black	37	0	a	c	0	a
	Hispanic	106	0	0.0	21	0	a
	Asian/Pacific Islander	25	0	a	6	0	a
	American Ind/Alsk Native	c	0	a	0	0	a
	Other	16	0	a	0	0	a
	Unknown	0	0	a	c	0	a
Age Group	14 and Under	0	0	a	0	0	a
	15-44	243	0	a	47	0	a
	45 and Over	26	0	a	c	0	a
	Unknown	0	0	a	0	0	a
Total		269	0	0.0	50	0	a

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

[c] Less than 5.

Table 21.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category Long Beach City, January – June 1998

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM[3]	41	3	a	b	b	b
	MSM, IDU	0	0	a	b	b	b
	Heterosexual	244	2	0.8	192	0	0.0
	Heterosexual, IDU	5	0	a	5	0	a
	Other	c	0	a	11	0	a
	Unknown	0	0	a	0	0	a
Race/Ethnicity	White	67	2	a	37	0	a
	Black	110	1	0.9	81	0	a
	Hispanic	90	2	a	62	0	a
	Asian/Pacific Islander	21	0	a	26	0	a
	American Ind/Alsk Native	0	0	a	c	0	a
	Other	c	0	a	c	0	a
	Unknown	0	0	a	0	0	a
Age Group	14 and Under	c	0	a	c	0	a
	15-44	274	4	1.5	194	0	a
	45 and Over	17	1	a	10	0	a
	Unknown	0	0	a	c	0	a
Total		292	5	1.7	208	0	0.0

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

[c] Less than 5.

Table 22.
HIV-1 Seroprevalence Among Persons Attending Sexually Transmitted (STD)[1] Clinics by Risk Behavior, Race/Ethnicity, and Age Group Category Berkeley City, January – June 1998

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM[3]	27	3	a	b	b	b
	MSM, IDU	c	0	a	b	b	b
	Heterosexual	271	2	0.7	104	1	1.0
	Heterosexual, IDU	c	0	a	7	0	a
	Other	0	0	a	c	0	a
	Unknown	c	0	a	0	0	a
Race/Ethnicity	White	102	1	1.0	44	0	a
	Black	149	2	1.3	48	1	a
	Hispanic	29	1	a	5	0	a
	Asian/Pacific Islander	15	0	a	12	0	a
	American Ind/Alsk Native	c	0	a	0	0	a
	Other	7	0	a	5	0	a
	Unknown	c	1	a	c	0	a
Age Group	14 and Under	0	0	a	0	0	a
	15-44	272	4	1.5	107	1	0.9
	45 and Over	34	1	a	9	0	a
	Unknown	0	0	a	0	0	a
Total		306	5	1.6	116	1	0.9

[1] These unlinked (blinded) surveys were drawn from blood specimens collected for routine syphilis screening on individuals seeking evaluation, examination, and/or for a new STD episode. Specimens were collected consecutively and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Not applicable.

[c] Less than 5.

TRENDS IN HIV SEROPREVALENCE AMONG STD PATIENTS BY REGION 1994 - 1998

Figures 7 through 14 present trends in HIV seroprevalence among persons attending sexually transmitted disease clinics in eight regions of California, 1994–1998.

In San Francisco, White patients had the highest HIV seroprevalence from 1994 through 1998. The prevalence of HIV infection peaked in 1995 for White and Hispanic patients and in 1998 for Black patients. White patients showed a steady decline of HIV infection between 1995 and 1998, while it remained fairly steady among Black and Hispanic patients. Patients aged 45 & Over had steady HIV seroprevalence and those 15-44 had a slight decline. In all five years we see the same ranking for risk behavior: MSM IDU, MSM, Heterosexual IDU, and Heterosexuals. HIV seroprevalences generally declined for MSM IDU and MSM patients, and remained steady for Heterosexual and Heterosexual IDU patients.

In San Diego, White patients had the highest HIV seroprevalence from 1994 through 1997, declining sharply in 1998. The prevalence of HIV infection peaked in 1997 for White and Hispanic patients and in 1998 for Black patients. Black patients showed an increase of HIV infection between 1996 and 1998. Both age groups showed fluctuating HIV prevalence. In 1998, those aged 45 & Over had the highest prevalence of HIV infection and those aged 15-44 years had the lowest rate. MSM had the highest prevalence of HIV infection, declining sharply between 1997 and 1998. The rates of HIV infection among heterosexual patients remained the lowest and steady.

In Los Angeles, White patients had the highest prevalence of HIV infection. HIV infection peaked in 1996 and declined in 1997 and 1998. Both Black and Hispanic patients showed steady rates of HIV infection. Both age groups had the highest prevalence of HIV infection in 1997 and both groups showed a decline in 1998. MSM and MSM IDU groups had the highest prevalence of HIV infection between 1994 and 1998. Both groups showed a decline in HIV infection in 1998.

The Central Coast Region includes the County of San Luis Obispo and the City of Long Beach. The prevalence of HIV infection peaked in 1996 for Whites, in 1997 for Blacks and in 1998 for Hispanics. Both White and Hispanic patients showed an increase of HIV infection in 1998; Black patients had a sharp decline in 1998. Age group 15-44 years showed steady rates of HIV infection. Age group 45 & Over showed fluctuating rates of HIV infection. MSM had the highest prevalence of HIV infection, declining sharply from 1996 to 1998. The rate of HIV infection among Heterosexuals remained steady.

The Bay Area region includes the County of Santa Clara and the City of Berkeley. The prevalence of HIV infection peaked in 1995 for Black and White patients. Both White and Black patients showed a decrease in 1998; Hispanic patients had an increase in 1998. Age

group 15-44 years showed a steady decline of HIV infection. Age group 45 and Over showed fluctuating rates of HIV infection. MSM had the highest prevalence of infection, declining sharply from 1995 to 1996. The rates of HIV infection among Heterosexual patients remained steady.

The Central Valley region includes the counties of Fresno, Kern, and San Joaquin. Black patients had the highest HIV seroprevalence, declining sharply from 1996 to 1997. White and Hispanic patients showed a steady decline, both showing a slight increase in 1998. Both age groups had the highest prevalence of HIV infection in 1994, and both age groups showed fluctuation in HIV prevalence. Heterosexuals had the highest prevalence in 1994, rising sharply from 1997 to 1998.

The North Valley region includes the counties of Sacramento and Solano for 1994 and 1995. Years 1996 through 1998 included Sacramento only. The prevalence of HIV infection peaked in 1996 for Whites and in 1995 for Blacks. Both White and Black patients showed fluctuating rates of infection, both showing an increase from 1997 to 1998. Age group 15-44 peaked in 1996, declining sharply in 1997. The rate of HIV infection among Heterosexuals peaked in 1996, declining through 1998.

The South Valley region includes the counties of San Bernardino and Riverside counties for 1994 through 1996. HIV seroprevalence was highest among White patients. The prevalence of HIV infection peaked for Black and Hispanic patients in 1996 and in 1994 for White patients. Age group 15-44 peaked in 1994, declining through 1996. Heterosexuals had the highest prevalence in 1994, declining through 1996.

Figure 7. Temporal Trends in HIV Seroprevalence among STD Clinic Patients in San Francisco Region, 1994 - 1998

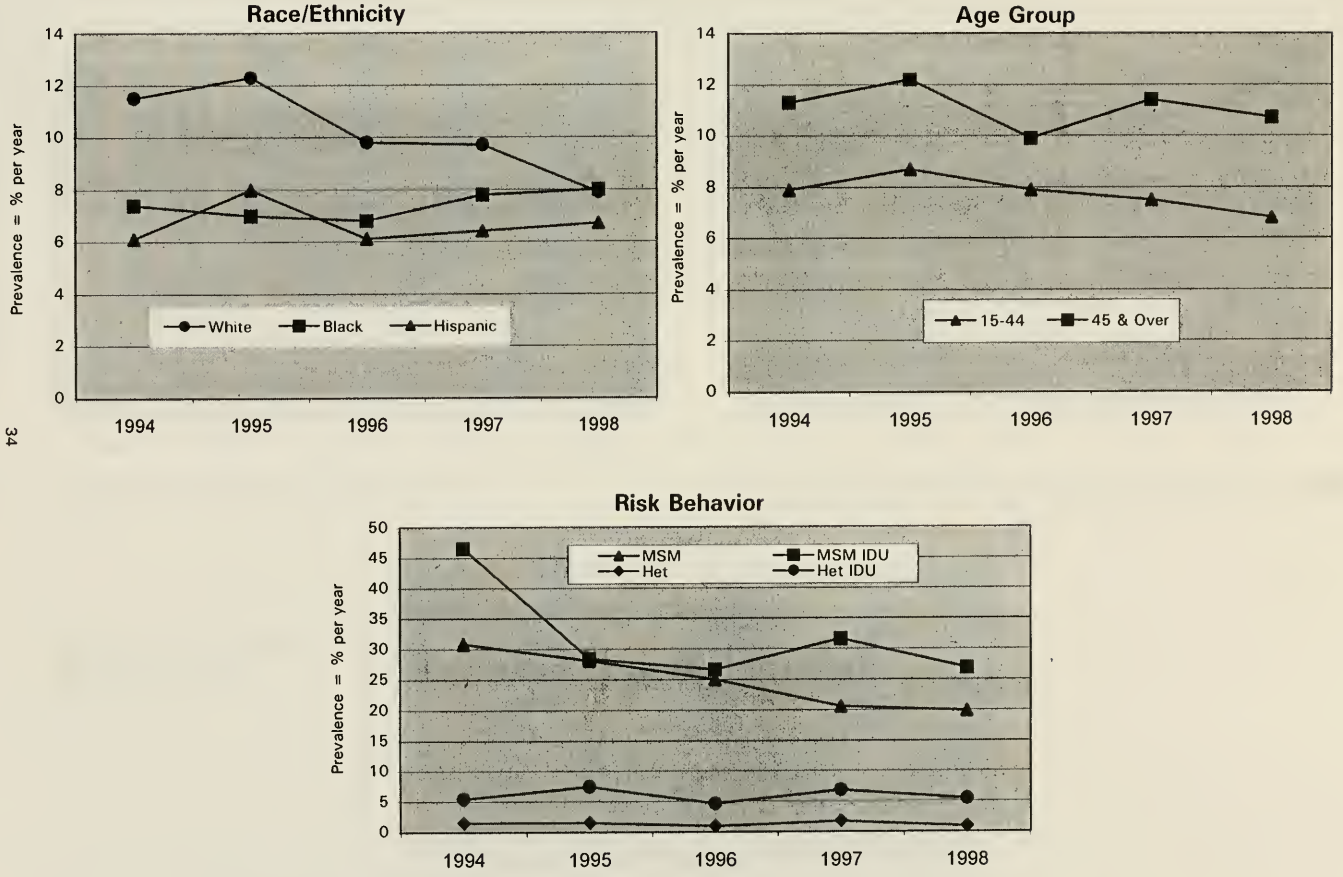


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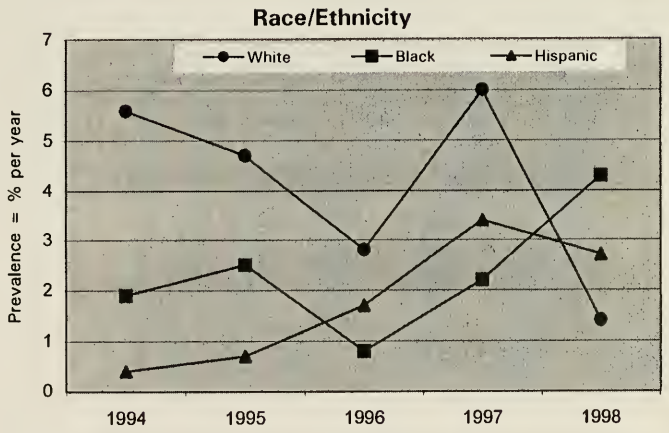
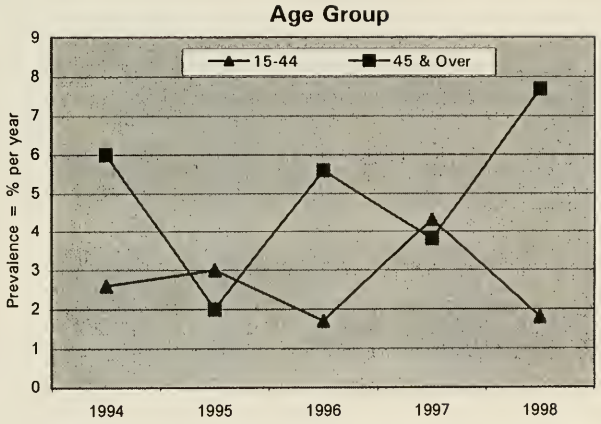
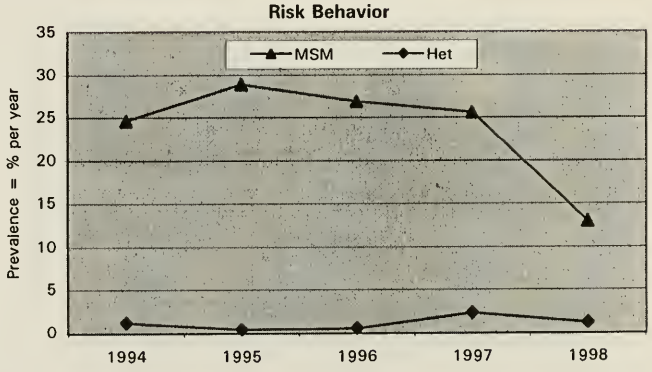
Figure 8. Temporal Trends in HIV Seroprevalence among STD Clinic Patients in San Diego Region, 1994 - 1998



Note: Data were collected for six months only in all categories.



Note: For years 1995 through 1997, there were less than 100 tested and less than or equal to 3 positive test results for age group 45 & Over.



Note: No information available for MSM IDU and Het IDU categories.

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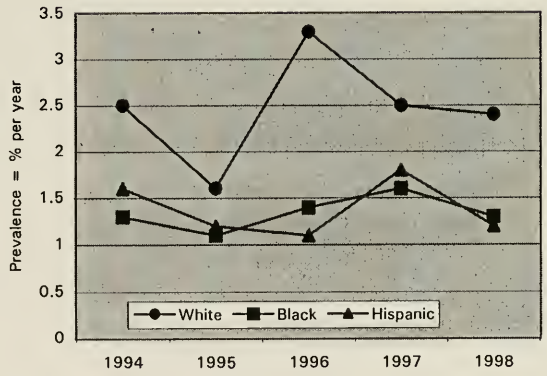
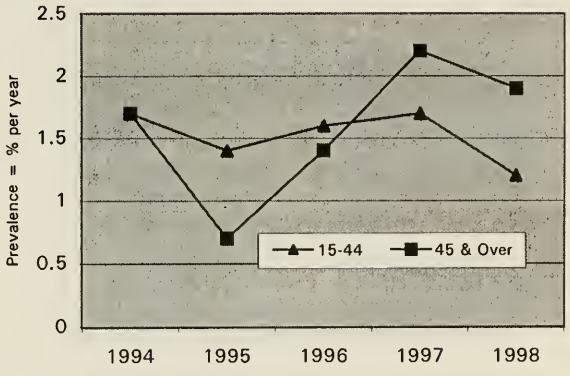
Figure 9. Temporal Trends in HIV Seroprevalence among STD Clinic Patients in Los Angeles Region, 1994 - 1998

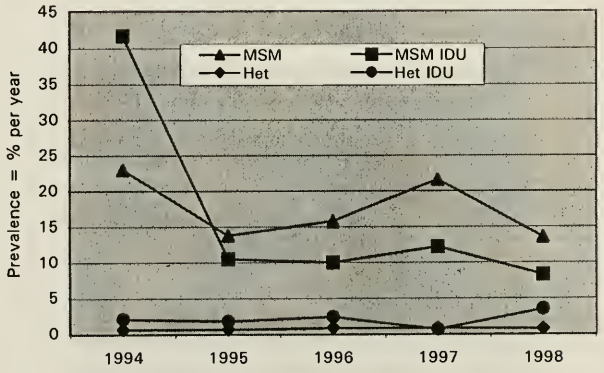
Race/Ethnicity



Age Group



Risk Behavior



Note: For years 1995 through 1998, there were less than 100 tested and less than or equal to 3 positive test results for MSM IDU category.

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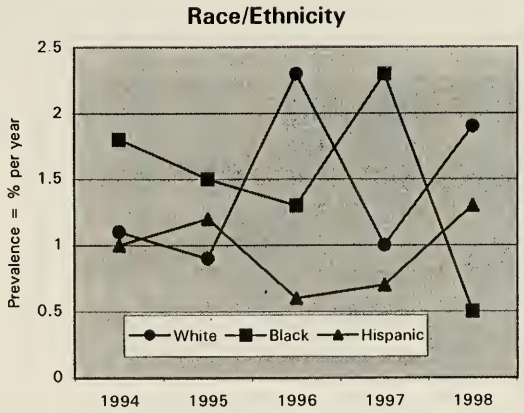
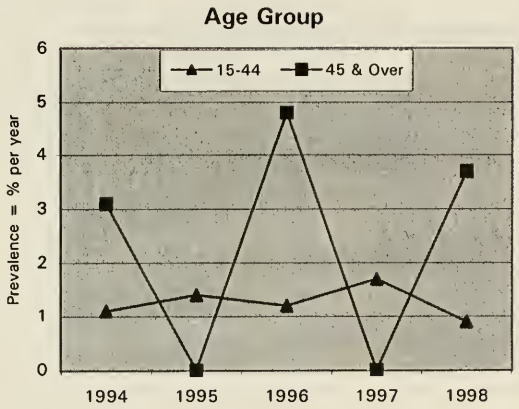
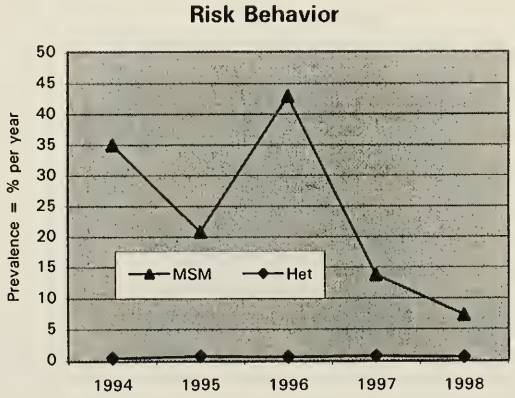
Figure 10. Temporal Trends in HIV Seroprevalence among STD Clinic Patients in Central Coast Region, 1994 - 1998





Note: For years 1994 through 1998 there were less than 100 tested and less than or equal to 3 positives test results for age group 45 & Over.



Note: For year 1998, there were less than 100 tested and less than or equal to 3 positive test results for MSM category. Risk categories MSM IDU and Het IDU had small numbers and were not included.

Note: Central Coast includes Long Beach and San Luis Obispo. 1998 data included Long Beach only. Data was collected for 6 months of each year for all categories.

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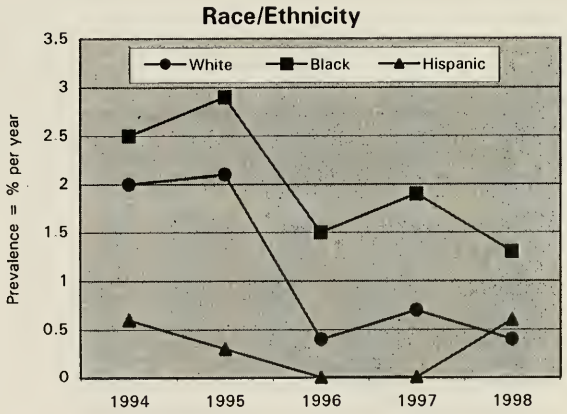
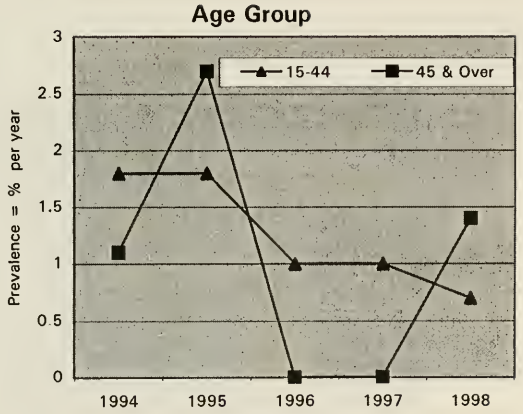
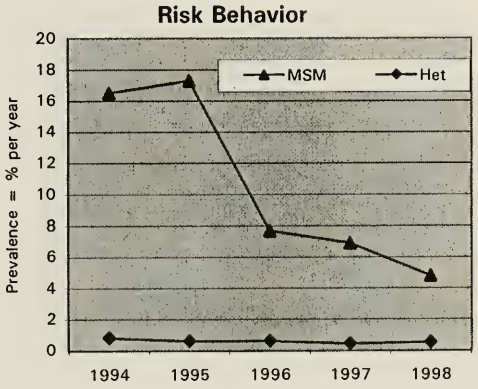
Figure 11. Temporal Trends in HIV Seroprevalence among STD Clinic Patients in Bay Area Region, 1994 - 1998



Note: For year 1996 there were less than 100 tested and less than or equal to 3 positives for Hispanic race category.



Note: For years 1996 through 1998 there were less than 100 tested and less than or equal to 3 positives test results for age group 45 & Over.

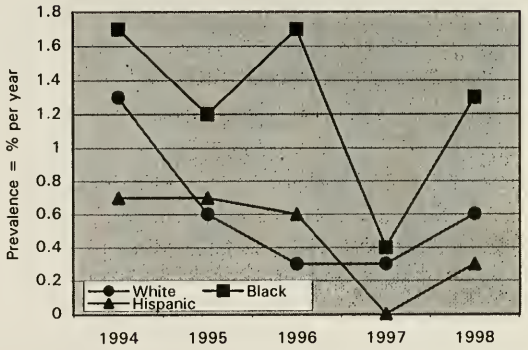


Note: Risk category MSM IDU and Het IDU had small numbers and were not included. For years 1994 through 1998 there were less than 100 tested and less than or equal to 3 positives test results for Heterosexual category. The same applied for MSM category in 1998.

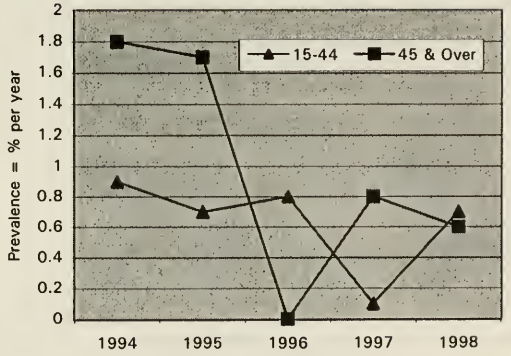
Note: Bay Area includes City of Berkeley and Santa Clara. For years 1994 through 1996, data was collected for 12 months, for years 1997 and 1998, data was collected for 6 months only. For year 1996, only City of Berkeley reported.

Figure 12. Temporal Trends in HIV Seroprevalence among STD Clinic Patients in Central Valley Region, 1994 - 1998

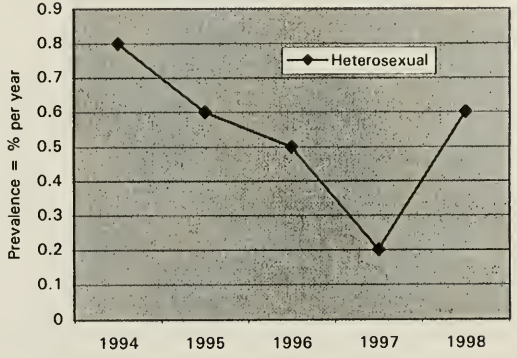
Race/Ethnicity



Age Group



Risk Behavior



Note: Central Valley includes Fresno, Kern, and San Joaquin counties. Specimens were collected for 6 months only. Risk categories MSM, Het IDU and MSM IDU had small numbers and were not included.

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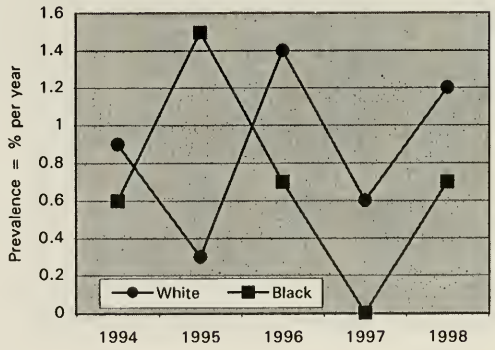
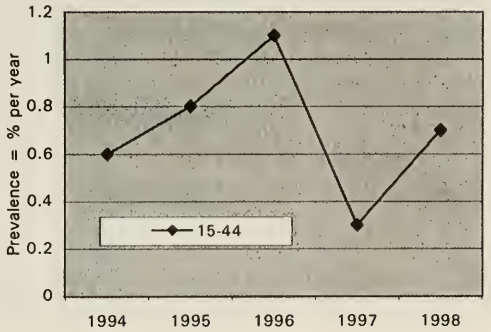
Figure 13. Temporal Trends in HIV Seroprevalence among STD Clinic Patients in North Valley Region, 1994 - 1998

Race/Ethnicity



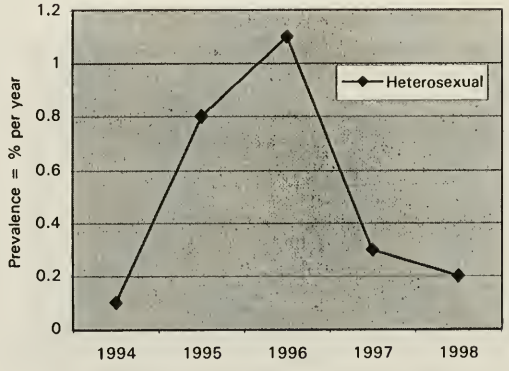
Note: Hispanics were not included because of zero positives for years 1994-1998.

Age Group



Note: Age group 45 & Over were not included because of zero positives for years 1994-1998.

Risk Behavior



Note: North Valley included Sacramento and Solano for 1994 and 1995. For years 1996 through 1998, North Valley included Sacramento only. Specimens were collected for six months only. Risk categories MSM, Het IDU and MSM IDU had small numbers and were not included.

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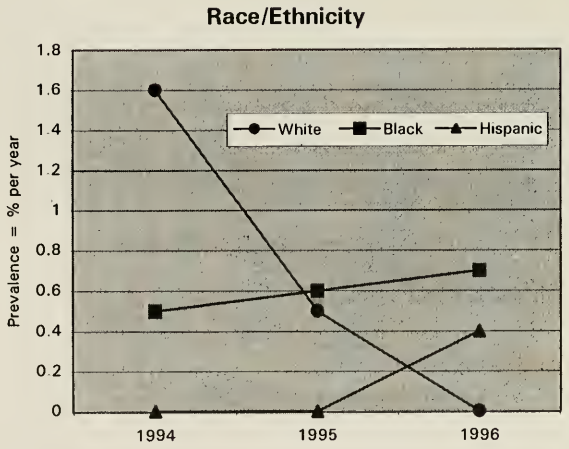
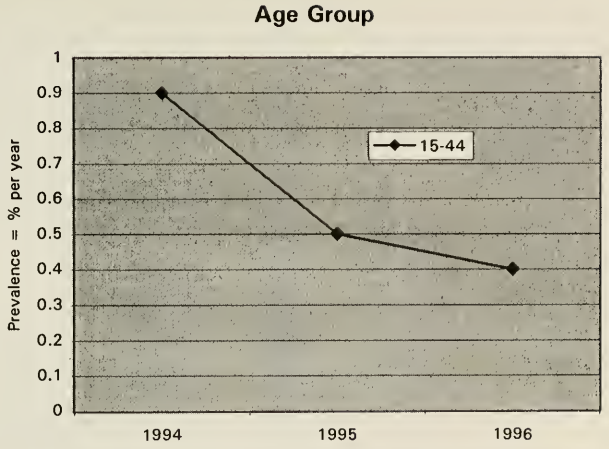
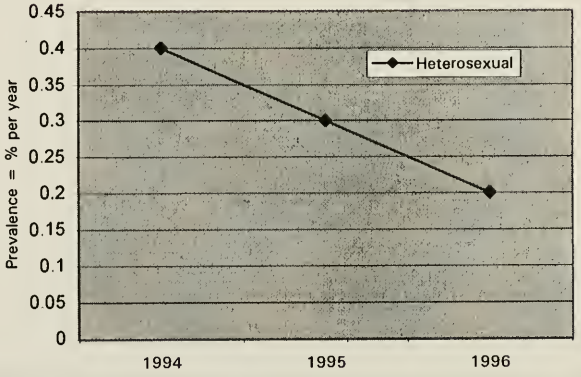
Figure 14. Temporal Trends in HIV Seroprevalence among STD Clinic Patients in South Valley Region, 1994 - 1996





Note: Age group 45 & Over was omitted because of zero positives for 1994-1996.



Note: South Valley included San Bernardino and Riverside for years 1994 through 1996. Years 1997 and 1998 were omitted for all categories because South Valley included San Bernardino only. Specimens were collected for 6 months only. Risk categories MSM, Het IDU, and MSM IDU had small numbers and were not included.

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DRUG TREATMENT CENTERS

SURVEYS OF ADULTS IN DRUG TREATMENT CENTERS (DTC)

The seroprevalence survey in drug treatment centers (DTC) includes persons who enter participating DTC and who have used illicit drugs or prescription drugs for non-prescription use during the previous year. During 1998, unlinked (blinded) surveys to determine rates of HIV-1 infection among DTC clients were conducted in five centers in three local health departments[1]. In all, 1,246 serum samples were tested during 1998. The seroprevalence for all centers decreased from 3.1 percent in 1997[2] to 2.2 percent in 1998 (Table 23).

HIV seroprevalence among persons entering methadone treatments in selected California counties ranged from a high of 7.5 percent in Alameda to a low of 0.8 percent in Contra Costa (Table 23, Figure 15). Compared to the previous year, seroprevalence increased in Alameda and Los Angeles and decreased in Contra Costa counties.

Among gender and risk behavior categories between 1997 and 1998, there were decreases for both men and women with Heterosexual/IDU risk behavior (Table 24). Men represented 68.4 percent (852) of the total DTC population of which 18 (2.1 percent) were HIV seropositive, down from 2.9 in 1997. Women represented 31.6 percent (394) of the total DTC population of which 9 (2.3 percent) were HIV seropositive, down from 3.5 in 1997.

Table 25 and Figure 16 show the seroprevalence among gender and race/ethnicity categories. During 1998, 41.3 percent (515) of the specimens tested in DTC were drawn from White clients; 40.4 percent (504) from Hispanics; 13.3 percent (166) from Blacks ; 1.0 percent (13) from American Indian/Alaskan Natives; and 0.7 percent (9) from Asian/Pacific Islanders. Among White men the seroprevalence of 0.9 decreased from 1.2 percent in 1997. White women showed a decrease from 2.1 percent in 1997 to zero positives in 1998. HIV seroprevalence was highest among Black men and women (9.1 percent and 8.9 percent, respectively). Among Black men the seroprevalence of 9.1 percent showed a decrease from 13.3 percent in 1997. Black women showed a decrease from 10.9 percent in 1997 to 8.9 percent in 1998. During 1998 the seroprevalence of 1.0 percent for Hispanic men decreased from 1.3 percent in 1997, however Hispanic women showed an increase from 0.6 percent in 1997 to 1.8 percent in 1998.

Table 26 and Figure 17 show that seroprevalence was highest among men and women in age group 40-44 (3.2 percent and 4.9 percent, respectively). Compared to 1997, men in age groups 30-34, 35-39, and 40-44 showed an increase. Among women, age groups 40-44 and 45 and Over showed a decrease in seroprevalence compared to 1997.

---

[1] Alameda, Contra Costa, Los Angeles.

[2] All 1997 data from: State of California, Department of Health Services, Office of AIDS, HIV/AIDS Epidemiology Branch; California HIV Seroprevalence Annual Report 1997, June 1999.

Among injection drug users, the primary injection drug used for both men and women was heroin, 95.4 percent and 91.0 percent respectively (Table 27). During 1998, seroprevalence among male heroin users was 1.8 percent, a decrease compared to 3.3 percent in 1997. Among female heroin users, the seroprevalence was 2.3 percent in 1998, down from 4.1 percent in 1997.

Table 28 shows the seroprevalence among gender and primary non-injection drug used. During 1998 seroprevalence was highest among men using Heroin (3.8 percent).

Tables 29 through 34 present seroprevalence data from the sentinel sites by risk behavior, race/ethnicity, age group, primary injection and non-injection drug used.

Table 23.
HIV-1 Seroprevalence Among Persons Entering Drug Treatment Centers (DTC)[1]
Selected California Counties
1997 - 1998

Selected Counties	Number Tested 1998	Number Positive[2] 1998	Prevalence (%)		Percent Change 1997 to 1998
			1997	1998	
Alameda	239	18	7.4	7.5	1.4
Contra Costa[3]	260	2	2.9	0.8	-72.4
Los Angeles	747	7	0.8	0.9	12.5
Total	1,246	27	3.1	2.2	-29.0

[1] Includes persons entering methadone treatment who: 1) are under evaluation for admission to drug treatment ("entrants") and 2) have used illicit drugs or prescription drugs for non-prescribed use at least once within the past 12 months. Excludes persons with a prior admission to treatment during the survey period. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence assay (IFA).

[3] Data collection for January-June 1998.

Note: Santa Clara county did not report data in 1998. Therefore, we deleted Santa Clara from this table.

Figure 15. HIV-1 Seroprevalence Among Persons Entering Drug Treatment Centers (DTC) Selected California Counties 1997 - 1998

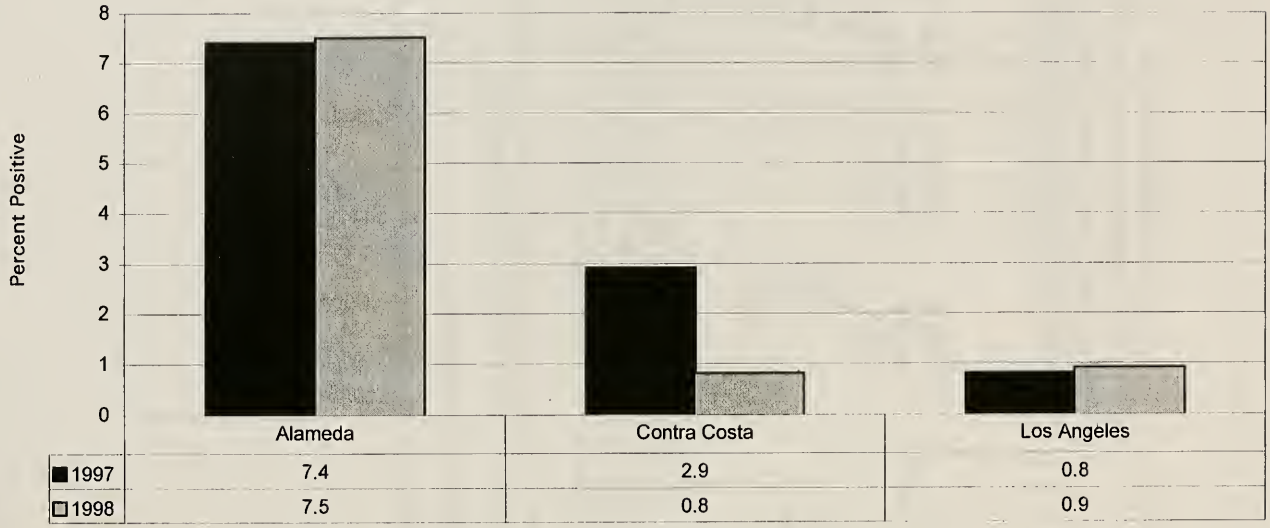


Table 24.
HIV-1 Seroprevalence Among Persons Entering Drug Treatment Centers (DTC)[1] Selected California Counties by Gender and Risk Behavior Category 1997 – 1998

Gender and Risk Behavior	Number Tested 1998	Number Positive[2] 1998	Prevalence (%)		Percent Change 1997 to 1998
			1997	1998	
MALE					
MSM[3]	a	0	b	b	b
MSM/IDU	22	3	12.5	b	b
Heterosexual	72	2	b	b	b
Heterosexual, IDU	752	13	2.7	1.7	-37.0
Other[4]	a	0	b	b	b
Unknown	0	0	b	b	b
Sub-Total MALE	852	18	2.9	2.1	-27.6
FEMALE					
Heterosexual	36	0	b	b	b
Heterosexual, IDU	348	9	7.3	2.6	-64.4
Other[4]	10	0	b	0.6	b
Unknown	0	0	b	b	b
Sub-Total FEMALE	394	9	3.5	2.3	-34.3
Total	1,246	27	3.1	2.2	-29.0

[1] Includes persons entering methadone treatment who: 1) are under evaluation for admission to drug treatment ("entrants") and 2) have used illicit drugs or prescription drugs for non-prescribed use at least once within the past 12 months. Excludes persons with a prior admission to treatment during the survey period. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men.

[4] Other includes women who have sex with women and not men (WSW) and the following groups if they did not identify sex partner/s by gender: IDU, sex partner of IDU, sex partner of person with HIV/AIDS, exchanged money or drugs for sex.

[a] Less than 5.

[b] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Note: Santa Clara county did not report data in 1998. Therefore, we deleted Santa Clara from this table.

Table 25.
HIV-1 Seroprevalence Among Persons Entering Drug Treatment Centers (DTC)[1] Selected California Counties by Gender and Race/Ethnicity 1997 – 1998

Gender and Race/Ethnicity	Number Tested 1998	Number Positive[2] 1998	Prevalence (%)		Percent Change 1997 to 1998
			1997	1998	
MALE					
White	316	3	1.2	0.9	-25.0
Black	110	10	13.3	9.1	-31.6
Hispanic	391	4	1.3	1.0	-23.1
Asian/Pacific Islander	9	1	a	a	a
American Indian/Alaskan Native	5	0	a	a	a
None of the Above	21	0	a	a	a
Sub-Total MALE	852	18	2.9	2.1	-27.6
FEMALE					
White	199	0	2.1	0.0	-100.0
Black	56	5	10.9	8.9	-18.3
Hispanic	113	2	0.6	1.8	200.0
Asian/Pacific Islander	b	0	a	a	a
American Indian/Alaskan Native	8	1	a	a	a
None of the Above	17	1	a	a	a
Sub-Total FEMALE	394	9	3.5	2.3	-34.3
Total	1,246	27	3.1	2.2	-29.0

[1] Includes persons entering methadone treatment who: 1) are under evaluation for admission to drug treatment ("entrants") and 2) have used illicit drugs or prescription drugs for non-prescribed use at least once within the past 12 months. Excludes persons with a prior admission to treatment during the survey period. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

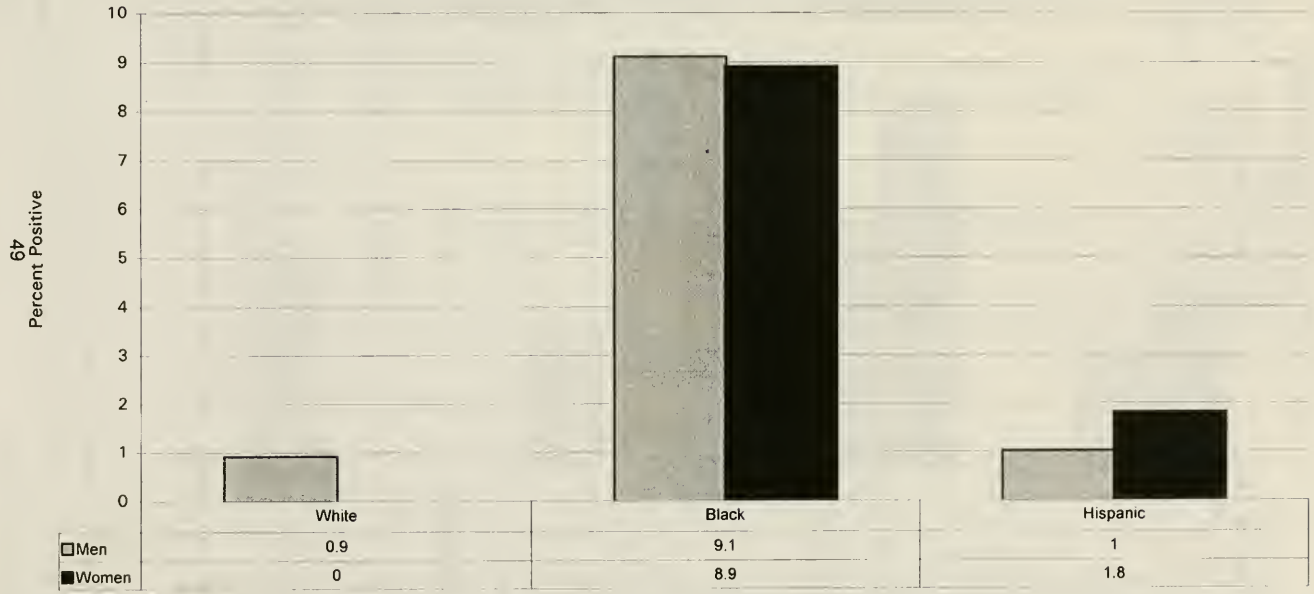
[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Less than 5.

Note: Santa Clara county did not report data in 1998. Therefore, we deleted Santa Clara from this table.

Figure 16. HIV-1 Seroprevalence Among Persons Entering Drug Treatment Centers (DTC) in Selected California Counties by Gender and Race/Ethnicity, 1998



Note: Excludes Asian/Pacific Islander, American Indian/Alaskan Native, and Other/Unknown race/ethnicity because seroprevalence was not calculated for fewer than 100 tested and number positive less than or equal to 3.

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Table 26.
HIV-1 Seroprevalence Among Persons Entering Drug Treatment Centers (DTC)[1] Selected California Counties by Gender and Age Group
1997 – 1998

Gender and Age Group	Number Tested 1998	Number Positive[2] 1998	Prevalence (%)		Percent Change 1997 to 1998
			1997	1998	
MALE					
Under 15	a	0	b	b	b
15 – 19	7	0	b	b	b
20 – 24	37	0	b	b	b
25 – 29	46	1	b	b	b
30 – 34	108	3	1.3	2.8	115.4
35 – 39	162	3	1.8	1.9	5.6
40 – 44	190	6	2.6	3.2	23.1
45 and Over	299	5	5.2	1.7	-67.3
Unknown	a	0	b	b	b
Sub-Total MALE	852	18	2.9	2.1	-27.6
FEMALE					
Under 15	a	0	b	b	b
15 – 19	a	0	b	b	b
20 – 24	17	0	b	b	b
25 – 29	25	0	b	b	b
30 – 34	70	2	b	b	b
35 – 39	95	0	2.9	b	b
40 – 44	103	5	6.1	4.9	-19.7
45 and Over	82	2	3.3	2.4	-27.3
Unknown	0	0	b	b	b
Sub-Total FEMALE	394	9	3.5	2.3	-34.3
Total	1,246	27	3.1	2.2	-29.0

[1] Includes persons entering methadone treatment who: 1) are under evaluation for admission to drug treatment ("entrants") and 2) have used illicit drugs or prescription drugs for non-prescribed use at least once within the past 12 months. Excludes persons with a prior admission to treatment during the survey period. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

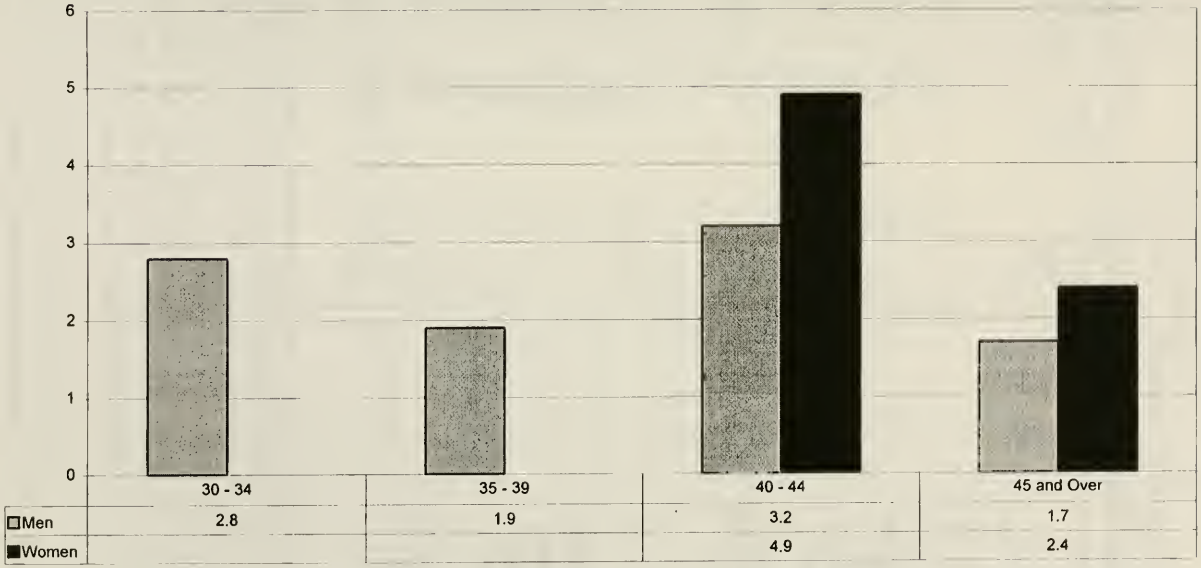
[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[a] Less than 5.

[b] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Note: Santa Clara county did not report data in 1998. Therefore, we deleted Santa Clara from this table.

Figure 17. HIV-1 Seroprevalence Among Persons Entering Drug Treatment Centers (DTC) in Selected California Counties by Gender and Age Group, 1998



Note: Excludes age groups Under 15, 15-19, 20-24, 25-29 and Unknown age groups for both Males and Females (not calculated for fewer than 100 tested and number positive less than or equal to 3). Age groups 30-34 and 35-39 are also excluded for Females .

Table 27.
HIV-1 Seroprevalence Among Persons Entering Drug Treatment Centers (DTC)[1] Selected California Counties by Gender and Primary Injection Drug Used 1997 – 1998

Gender and Primary Injection Drug Used	Number Tested 1998	Number Positive[2] 1998	Prevalence (%)		Percent Change 1997 to 1998
			1997	1998	
MALE					
Heroin	711	13	3.3	1.8	-45.5
Cocaine	a	1	b	b	b
Heroin & Cocaine	28	0	b	b	b
Amphetamines	0	0	b	b	b
Other Narcotics[3]	a	0	b	b	b
Not Specified	a	0	b	b	b
Sub-Total MALE	745	14	3.2	1.9	-40.6
FEMALE					
Heroin	302	7	4.1	2.3	-43.9
Cocaine	a	0	b	b	b
Heroin & Cocaine	25	2	b	b	b
Amphetamines	0	0	b	b	b
Other Narcotics[3]	a	0	b	b	b
Not Specified	a	0	b	b	b
Sub-Total FEMALE	332	9	4.0	2.7	-32.5
Total	1,077	23	3.5	2.1	-40.0

[1] Includes persons entering methadone treatment who: 1) are under evaluation for admission to drug treatment ("entrants") and 2) have used illicit drugs or prescription drugs for non-prescribed use at least once within the past 12 months. Clients can report one primary drug injected and one primary drug used by other methods. Excludes persons with a prior admission to treatment during the survey period. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Other narcotics include: opium, morphine, Dilaudid, Percodan, Demerol, or codeine.

[a] Less than 5.

[b] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Note: Santa Clara county did not report data in 1998. Therefore, we deleted Santa Clara from this table.

Table 28.
HIV-1 Seroprevalence Among Persons Entering Drug Treatment Centers (DTC)[1] Selected California Counties by Gender and Primary Non-Injection Drug Used 1997 – 1998

Gender and Primary Non-Injection Drug Used	Number Tested 1998	Number Positive[2] 1998	Prevalence (%)		Percent Change 1997 to 1998
			1997	1998	
MALE					
Heroin	104	4	a	3.8	a
Crack	46	1	a	a	a
Cocaine	11	2	13.3	a	a
Heroin & Cocaine	5	0	a	a	a
Barbiturates	6	0	a	a	a
Other Narcotics[3]	20	0	a	a	a
Amphetamines	8	0	a	a	a
Marijuana	31	0	a	a	a
Other Drug (s)[3]	15	1	a	a	a
Not Specified	60	0	a	a	a
Sub-Total MALE	306	8	2.9	2.6	-10.3
FEMALE					
Heroin	48	0	a	a	a
Crack	26	2	8.7	a	a
Cocaine	13	0	a	a	a
Heroin & Cocaine	b	0	a	a	a
Barbiturates	4	0	a	a	a
Other Narcotics[3]	16	0	a	a	a
Amphetamines	14	0	a	a	a
Marijuana	18	0	a	a	a
Other Drug (s)[3]	14	0	a	a	a
Not Specified	12	0	a	a	a
Sub-Total FEMALE	167	2	2.7	1.2	-55.6
Total	473	10	2.9	2.1	-27.6

[1] Includes persons entering methadone treatment who: 1) are under evaluation for admission to drug treatment ("entrants") and 2) have used illicit drugs or prescription drugs for non-prescribed use at least once within the past 12 months. Clients can report one primary drug injected and one primary drug used by other methods. Excludes persons with a prior admission to treatment during the survey period. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Other narcotics include: opium, morphine, Dilaudid, Percodan, Demerol, or codeine. Other drugs(s) include: hallucinogens (LSD, PCP, angel dust), inhalants (glue, amyl nitrate), ecstasy, or Valium and other benzodoazepines.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Less than 5.

Table 29.
HIV-1 Seroprevalence Among Persons Entering Drug Treatment Centers (DTC)[1] by Risk Behavior, Race/Ethnicity, and Age Group Category Alameda County, January – December 1998

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM[3]	a	0	b	c	c	c
	MSM/IDU	5	2	b	c	c	c
	Heterosexual	39	1	b	25	0	b
	Heterosexual, IDU	115	10	8.7	50	5	10.0
	Other	0	0	b	a	0	a
	Unknown	0	0	b	0	0	b
Race/Ethnicity	White	44	2	b	27	0	b
	Black	63	8	12.7	35	4	11.4
	Hispanic	42	2	b	7	0	b
	Asian/Pacific Islander	6	1	b	a	0	b
	American Ind/Alsk Native	0	0	b	a	1	b
	None of the Above	7	0	b	6	0	b
Age Group	Under 15	0	0	b	0	0	b
	15-19	a	0	b	a	0	b
	20-24	18	0	b	7	0	b
	25-29	15	0	b	6	0	b
	30-34	19	1	b	9	0	b
	35-39	20	3	b	11	0	b
	40-44	37	5	13.5	25	3	b
	45 and Over	50	4	8.0	18	2	b
	Unknown	1	0	a	0	0	b
Total		162	13	8.0	77	5	6.5

[1]Includes persons entering methadone treatment who: 1) are under evaluation for admission to drug treatment ("entrants") and 2) have used illicit drugs or prescription drugs for non-prescribed use at least once within the past 12 months. Excludes persons with a prior admission to treatment during the survey period. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3]Includes men who have sex with men (MSM) and bisexual men.

[a]Less than 5.

[b]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[c]Not applicable.

Table 30.
HIV-1 Seroprevalence Among Persons Entering Drug Treatment Centers (DTC)[1] by Primary Injection and Non-Injection Drug Used Alameda County, January – December 1998

Primary Injection Drug Used/ Primary Non-Injection Drug Used		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Primary Injection Drug Used	Heroin	114	10	8.8	46	5	10.9
	Cocaine	0	0	a	0	0	a
	Heroin & Cocaine	0	0	a	0	0	a
	Amphetamines	0	0	a	0	0	a
	Not Specified	b	0	a	0	0	a
Total		116	10	8.6	46	5	10.9
Primary Non-Injection Drug Used	Heroin	48	3	a	21	0	a
	Crack	b	0	a	5	1	a
	Cocaine	9	2	a	8	0	a
	Heroin & Cocaine	0	0	a	0	0	a
	Barbiturates	b	0	a	b	0	a
	Other Narcotics[3]	b	0	a	b	0	a
	Amphetamines	b	0	a	b	0	a
	Marijuana	6	0	a	b	0	a
	Other Drug[4]	b	1	a	b	0	a
	Not Specified	b	0	a	b	0	a
Total		80	6	7.5	48	1	a

[1] Includes persons entering methadone treatment who: 1) are under evaluation for admission to drug treatment ("entrants") and 2) have used illicit drugs or prescription drugs for non-prescribed use at least once within the past 12 months. Clients can report one primary drug injected and one primary drug used by other methods. Excludes persons with a prior admission to treatment during the survey period. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Other narcotics include: opium, morphine, Dilaudid, Percodan, Demerol or codeine.

[4] Other drug(s) include: hallucinogens (LSD, PCP, angel dust), inhalants (glue, amyl nitrate), ecstasy, or Valium and other benzodiazepines.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Less than 5.

Table 31.
HIV-1 Seroprevalence Among Persons Entering Drug Treatment Centers (DTC)[1] by Risk Behavior, Race/Ethnicity, and Age Group Category Contra Costa County, January – June 1998

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM[3]	0	0	a	c	c	c
	MSM/IDU	b	0	a	c	c	c
	Heterosexual	6	0	a	b	0	a
	Heterosexual, IDU	151	1	0.7	97	1	a
	Other	b	0	a	0	0	a
	Unknown	0	0	a	0	0	a
Race/Ethnicity	White	122	1	0.8	75	0	a
	Black	16	0	a	11	1	a
	Hispanic	18	0	a	8	0	a
	Asian/Pacific Islander	b	0	a	0	0	a
	American Ind/Alsk Native	0	0	a	0	0	a
	None of the Above	b	0	a	b	0	a
Age Group	Under 15	0	0	a	0	0	a
	15-19	0	0	a	0	0	a
	20-24	b	0	a	b	0	a
	25-29	5	0	a	6	0	a
	30-34	10	0	a	13	0	a
	35-39	33	0	a	25	0	a
	40-44	39	1	a	34	1	a
	45 and Over	72	0	a	16	0	a
	Unknown	0	0	a	0	0	a
Total		162	1	0.6	98	1	a

[1]Includes persons entering methadone treatment who: 1) are under evaluation for admission to drug treatment ("entrants") and 2) have used illicit drugs or prescription drugs for non-prescribed use at least once within the past 12 months. Excludes persons with a prior admission to treatment during the survey period. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2]All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3]Includes men who have sex with men (MSM) and bisexual men.

[a]Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b]Less than 5.

[c]Not applicable.

Table 32.
HIV-1 Seroprevalence Among Persons Entering Drug Treatment Centers (DTC)[1] by Primary Injection and Non-Injection Drug Used Contra Costa County, January – June 1998

Primary Injection Drug Used/ Primary Non-Injection Drug Used		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Primary Injection Drug Used	Heroin	149	1	0.7	92	1	a
	Cocaine	0	0	a	0	0	a
	Heroin & Cocaine	0	0	a	0	0	a
	Amphetamines	0	0	a	0	0	a
	Not Specified	0	0	a	0	0	a
Total		149	1	0.7	92	1	a
Primary Non-Injection Drug Used	Heroin	5	0	a	b	0	a
	Crack	b	0	a	6	0	a
	Cocaine	b	0	a	b	0	a
	Heroin & Cocaine	b	0	a	b	0	a
	Barbiturates	0	0	a	b	0	a
	Other Narcotics[3]	b	0	a	b	0	a
	Amphetamines	6	0	a	5	0	a
	Marijuana	b	0	a	b	0	a
	Other Drug[4]	b	0	a	0	0	a
	Not Specified	0	0	a	0	0	a
Total		21	0	a	19	0	a

[1] Includes persons entering methadone treatment who: 1) are under evaluation for admission to drug treatment ("entrants") and 2) have used illicit drugs or prescription drugs for non-prescribed use at least once within the past 12 months. Clients can report one primary drug injected and one primary drug used by other methods. Excludes persons with a prior admission to treatment during the survey period. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Other narcotics include: opium, morphine, Dilaudid, Percodan, Demerol or codeine.

[4] Other drug(s) include: hallucinogens (LSD, PCP, angel dust), inhalants (glue, amyl nitrate), ecstasy, or Valium and other benzodiazepines.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Less than 5.

Table 33.
HIV-1 Seroprevalence Among Persons Entering Drug Treatment Centers (DTC)[1] by Risk Behavior, Race/Ethnicity, and Age Group Category Los Angeles County, January – December 1998

Risk Behavior/ Demographic Categories		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Risk Behavior	MSM[3]	0	0	a	c	c	c
	MSM/IDU	13	1	a	c	c	c
	Heterosexual	27	1	a	10	0	a
	Heterosexual, IDU	486	2	0.4	201	3	1.5
	Other	b	0	a	8	0	a
	Unknown	0	0	a	0	0	a
Race/Ethnicity	White	150	0	0.0	97	0	a
	Black	31	2	a	10	0	a
	Hispanic	331	2	0.6	98	2	a
	Asian/Pacific Islander	0	0	a	0	0	a
	American Ind/Alsk Native	5	0	a	7	0	a
	None of the Above	11	0	a	7	1	a
Age Group	Under 15	b	0	a	b	0	a
	15-19	5	0	a	0	0	a
	20-24	16	0	a	6	0	a
	25-29	26	1	a	13	0	a
	30-34	79	2	a	48	2	a
	35-39	109	0	0.0	59	0	a
	40-44	114	0	0.0	44	1	a
	45 and Over	177	1	0.6	48	0	a
	Unknown	0	0	a	0	0	a
Total		528	4	0.8	219	3	1.4

[1] Includes persons entering methadone treatment who: 1) are under evaluation for admission to drug treatment ("entrants") and 2) have used illicit drugs or prescription drugs for non-prescribed use at least once within the past 12 months. Excludes persons with a prior admission to treatment during the survey period. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Includes men who have sex with men (MSM) and bisexual men.

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

[b] Less than 5.

[c] Not applicable.

Table 34.
HIV-1 Seroprevalence Among Persons Entering Drug Treatment Centers (DTC)[1] by Primary Injection and Non-Injection Drug Used Los Angeles County, January – December 1998

Primary Injection Drug Used/ Primary Non-Injection Drug Used		Males			Females		
		Number Tested	Number Positive[2]	Prevalence (%)	Number Tested	Number Positive[2]	Prevalence (%)
Primary Injection Drug Used	Heroin	448	2	0.4	164	1	0.6
	Cocaine	a	1	b	a	0	b
	Heroin & Cocaine	28	0	b	25	2	b
	Amphetamines	0	0	b	0	0	b
	Not Specified	a	0	b	a	0	b
Total		480	3	0.6	194	3	1.5
Primary Non-Injection Drug Used	Heroin	51	1	b	24	0	b
	Crack	40	1	b	15	1	b
	Cocaine	a	0	b	a	0	b
	Heroin & Cocaine	a	0	b	a	0	b
	Barbiturates	a	0	b	a	0	b
	Other Narcotics[3]	14	0	b	11	0	b
	Amphetamines	a	0	b	7	0	b
	Marijuana	24	0	b	15	0	b
	Other Drug(s)[4]	10	0	b	13	0	b
	Not Specified	56	0	b	8	0	b
Total		205	2	1.0	100	1	1.0

[1] Includes persons entering methadone treatment who: 1) are under evaluation for admission to drug treatment ("entrants") and 2) have used illicit drugs or prescription drugs for non-prescribed use at least once within the past 12 months. Cients can report one primary drug injected and one primary drug used by other methods. Excludes persons with a prior admission to treatment during the survey period. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorescence Assay (IFA).

[3] Other narcotics include: opium, morphine, Dilaudid, Percodan, Demerol or codeine.

[4] Other drug (s) include: hallucinogens (LSD, PCP, angel dust), inhalants (glue, amyl nitrate), ecstasy, or Valium and other benzodiazepines.

[a] Less than 5.

[b] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

TRENDS IN HIV SEROPREVALENCE AMONG DTC PATIENTS BY CATEGORY 1994 - 1998

Figures 18 through 21 present trends in HIV seroprevalence among persons entering drug treatment centers in Alameda, Contra Costa, Los Angeles, and Santa Clara counties, 1994 – 1998. For years 1994 through1996, we included persons entering methadone treatment who have a history of injection drug use (IDU) since 1978. For years 1997 through 1998, we included persons entering methadone treatment who: 1) were under evaluation for admission to drug treatment ("entrants") and 2) had used illicit drugs or prescription drugs for non-prescribed use at least once within the previous 12 months.

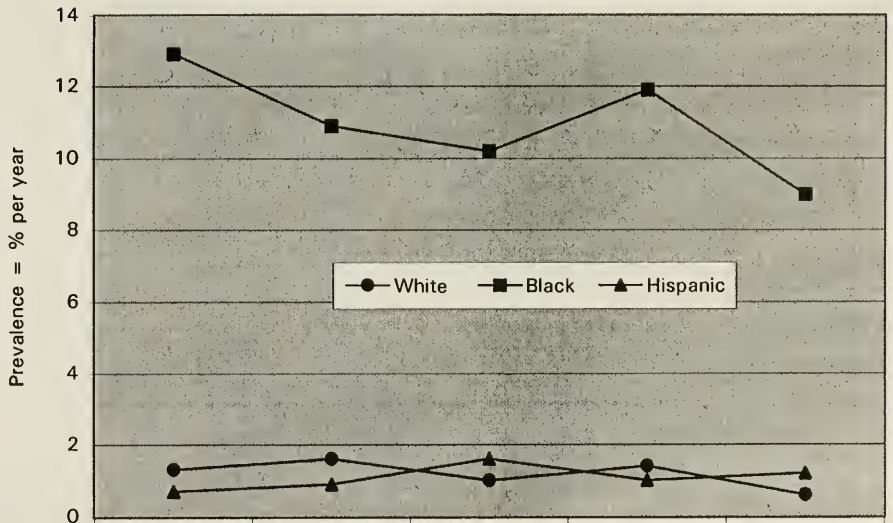
The prevalence of HIV-1 infection was highest among Black patients (Figure 18); it peaked in 1994, declining through 1996, rising in 1997, and declining again in 1998. The rates of HIV-1 infection among White and Hispanic patients remained steady.

Patients in age group 40-44 years had the highest prevalence of HIV-1 infection in 1994, 1996, and 1998 (Figure 19). Patients in age group 35-39 years had the highest prevalence of HIV-1 infection in 1995 and those 45 & Over in 1997. Between 1997 and 1998, patients in age groups 25-29, 35-39, and 45 & Over showed declining rates of HIV-1 infection. During the same period, HIV-1 infection for patients in age group 30-34 showed an increase, and age group 40-44 remained steady.

From 1994 through 1996, MSM had the highest prevalence of HIV-1 infection (Figure 20). For MSM, HIV-1 infection peaked in 1994 and declined through 1996. HIV-1 infection among Heterosexual patients remained steady. Patients with unknown risk behavior showed a prevalence of HIV infection that declined in 1995 and increased in 1996.

From 1997 through 1998, MSM IDU had the highest prevalence of HIV-1 infection. The prevalence of HIV-1 infection among MSM IDU and Heterosexual patients increased in 1998, while the prevalence of HIV-1 infection in Heterosexual IDU and patients with Unknown risk decreased in the same year.

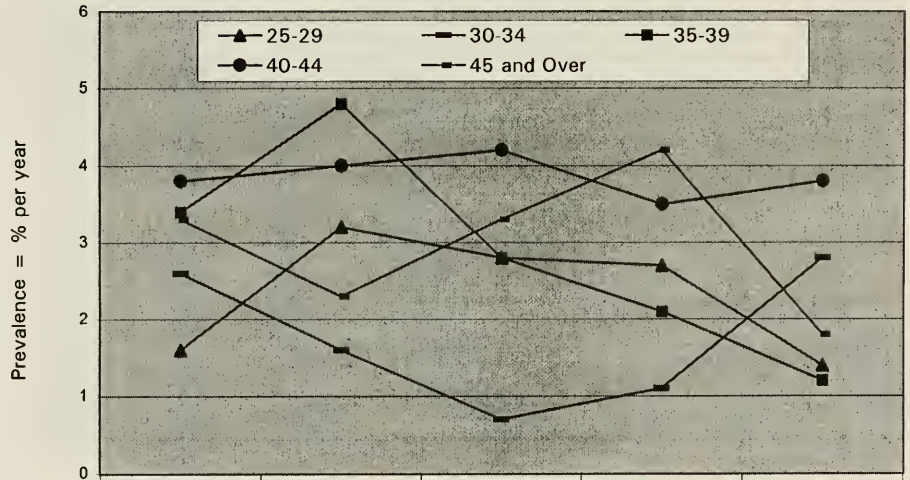
Figure 18. Temporal Trends in HIV Seroprevalence Among Persons Entering Drug Treatment Centers (DTC) by Race/Ethnicity, 1994 - 1998



	1994	1995	1996	1997	1998
White	1.3	1.6	1	1.4	0.6
Black	12.9	10.9	10.2	11.9	9
Hispanic	0.7	0.9	1.6	1	1.2

Note: For years 1994-1997, DTC included Alameda, Contra Costa, Los Angeles, and Santa Clara Counties. Santa Clara County data was not available for year 1998. For years 1997 and 1998, Contra Costa data was collected for six months only.

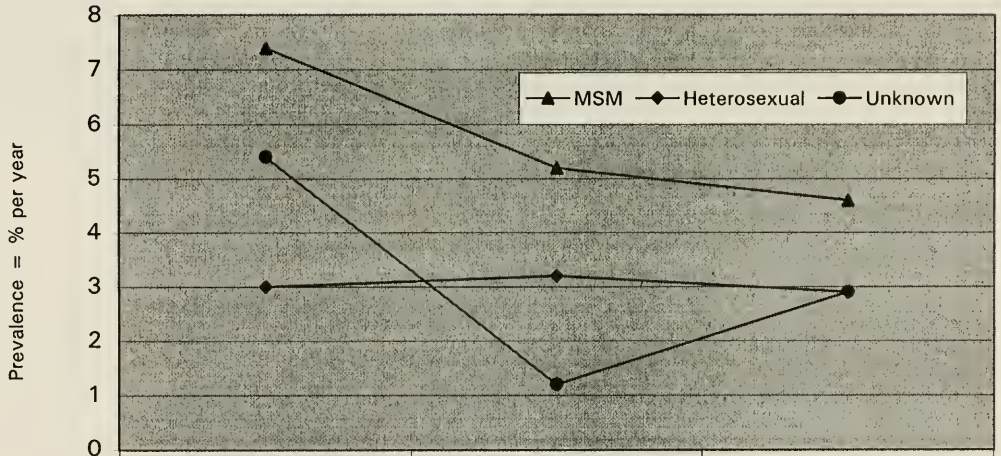
Figure 19. Temporal Trends in HIV Seroprevalence Among Persons Entering Drug Treatment Centers (DTC) by Age Group, 1994 - 1998



	1994	1995	1996	1997	1998
25-29	1.6	3.2	2.8	2.7	1.4
30-34	2.6	1.6	0.7	1.1	2.8
35-39	3.4	4.8	2.8	2.1	1.2
40-44	3.8	4	4.2	3.5	3.8
45 and Over	3.3	2.3	3.3	4.2	1.8

Note: For years 1994-1997, DTC included Alameda, Contra Costa, Los Angeles, and Santa Clara counties. Santa Clara County data was not available for year 1998. For years 1997 and 1998, Contra Costa data was collected for six months only. For years 1994 through 1998 there were zero positive results for age group 24 and Under. For year 1998, there were less than 100 tested and less than or equal to 3 positives test results for age group 25-29.

Figure 20. Temporal Trends in HIV Seroprevalence Among Persons Entering Drug Treatment Centers (DTC) by Risk Behavior, 1994 - 1996

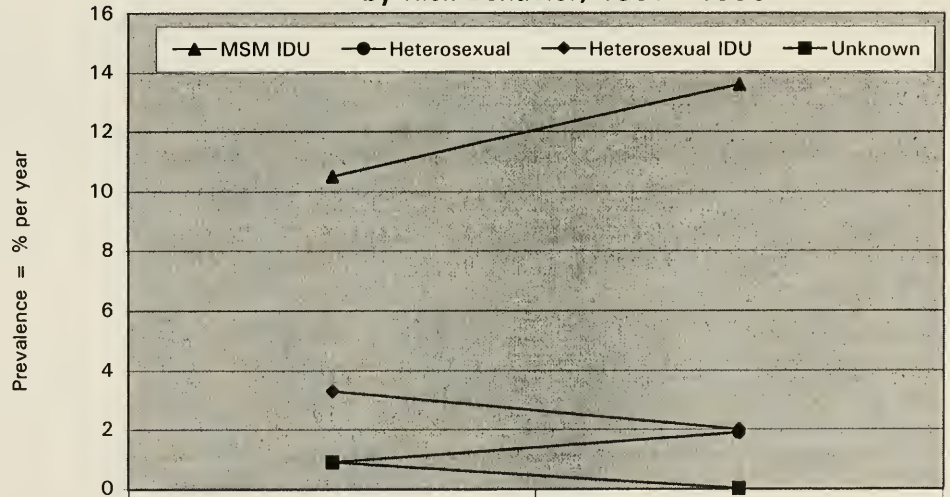


	1994	1995	1996
MSM	7.4	5.2	4.6
Heterosexual	3	3.2	2.9
Unknown	5.4	1.2	2.9

Note: DTC included Alameda, Contra Costa, Los Angeles, and Santa Clara counties. Years 1994 - 1996 included persons entering methadone treatment who have a history of injection drug use (IDU) since 1978. Excludes persons with a prior admission to treatment during the survey period, and persons who were preferentially admitted to treatment due to HIV/AIDS. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all personal identifiers were removed.

California Department of Health Services
Office of AIDS, 2000

Figure 21. Temporal Trends in HIV Seroprevalence Among Persons Entering Drug Treatment Centers (DTC) by Risk Behavior, 1997 - 1998



	1997	1998
MSM IDU	10.5	13.6
Heterosexual	0.9	1.9
Heterosexual IDU	3.3	2
Unknown	0.9	0

Note: DTC included Alameda, Contra Costa, Los Angeles, and Santa Clara counties for 1997. Year 1998 excluded Santa Clara county. Years 1997 - 1998 included persons entering methadone treatment who: 1) are under evaluation for admission to drug treatment ("entrants") and 2) have used illicit drugs or prescription drugs for non-prescribed use at least once within the past 12 months. Excludes persons with a prior admission to treatment during the survey period. Blood specimens were collected for syphilis screening as part of the admission requirements, and tested for HIV after all identifiers were removed.

BLOOD BANKS
AND PLASMA CENTERS

SURVEY AMONG BLOOD BANKS AND PLASMA CENTERS

The DHS/OA began monitoring data from the routine testing of blood donors in 1987. HIV prevalence of donors is lower than those of the general population because persons at increased risk for HIV infection are actively discouraged from donating or screened out at the time of donation.

This report summarizes data from HIV-1 antibody screening of blood and blood products collected in selected California counties and cities for 1998. Additional county data are available through the Office of AIDS. CDHS/OA received reports of testing results from 41 blood banks and 15 plasma centers. This information represents data from California facilities required to report HIV-1/HIV-2[1] antibody test results to CDHS/OA.

In 1998, 910,528 specimens from selected California blood banks[2] were tested, of which 35 (0.004 percent) were seropositive. HIV seroprevalence in selected California blood banks ranged from zero to 0.024 percent (Table 35).

In 1998, 640,872 specimens from selected California plasma centers[3] were tested, of which 41 (0.006 percent) were seropositive (Table 36). HIV seroprevalence in selected California plasma centers ranged from zero to 0.013 percent.

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[1]Testing for HIV-2 began the second quarter of 1992. Data collected through 1998 showed 23 confirmed positive for HIV-2. To date, the U.S. Food and Drug Administration has not licensed a confirmatory test for HIV-2 infection. Currently, reactive HIV-2 EIAs are confirmed by unlicensed tests. Cross-reactivity between HIV-1 and HIV-2 is a strong possibility in instances where HIV-2 is confirmed by existing unlicensed testing.

[2]Fresno, Kern, Los Angeles, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara and the City of Long Beach.

[3]Alameda, Fresno, Kern, Los Angeles, Sacramento, San Bernardino, San Diego, and the City of Long Beach.

Table 35.
HIV-1 Seroprevalence for Units Collected
Selected California Blood Banks
1998

County/City of Residence	Number Tested	Number Positive[1]	Prevalence (%)
Alameda	45,013	5	0.011
Fresno	62,311	0	0.000
Kern	26,759	0	0.000
Los Angeles	403,697	23	0.006
Sacramento	68,208	0	0.000
San Bernardino	38,255	0	0.000
San Diego	128,518	3	0.002
San Francisco	59,857	2	0.003
San Joaquin	0	0	a
Santa Clara	73,772	1	0.001
Long Beach	4,138	1	0.024
Total	910,528	35	0.004

[1] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorencence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Table 36.
HIV-1 Seroprevalence for Units Collected
Selected California Plasma Centers
1998

County/City of Residence	Number Tested	Number Positive[1]	Prevalence (%)
Alameda	0	0	a
Fresno	88,123	6	0.007
Kern	66,683	2	0.003
Los Angeles	47,979	6	0.013
Sacramento	47,574	3	0.006
San Bernardino	53,164	1	0.002
San Diego	220,619	15	0.007
Long Beach	116,730	8	0.007
Total	640,872	41	0.006

[1] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorencence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

CIVILIAN APPLICANTS FOR MILITARY SERVICE

SURVEY AMONG CIVILIAN APPLICANTS FOR MILITARY SERVICE

Since October 1985, all persons applying for active duty or reserve military service, the service academies, and the Reserve Officer Training Corps (ROTC) have been screened for HIV infection as part of their entrance medical evaluation. Applicants found to be HIV positive are excluded from military service but receive counseling from a military physician and referrals to HIV/AIDS specialists and counselors in their own communities. Data from this group are important because of the large number of persons screened and because the applicants include both sexes and all racial and ethnic groups from all areas of the country. The Department of Defense shares the resulting statistical data with the Centers for Disease Control and Prevention (CDC) for HIV surveillance purposes. The CDC in turn provides this information (excluding personal identifiers) to state and local health departments.

Prior to July 1993, before medical evaluations, applicants were interviewed about drug use and homosexual activity, both of which were grounds for exclusion from entry into military service. Potential applicants were informed that they would be screened for HIV antibodies and excluded from entry if infected. Therefore, injecting drug users, men who have sex with men, and persons who suspected or were already aware they were infected with HIV were likely to have been under represented among those applicants actually tested. In 1993, President Clinton authorized the "don't ask, don't tell policy" and applicants could no longer be asked about homosexual activity.

This report summarizes data for 11 selected California counties[1]. These counties represent the counties that collect STD or DTC data. Additional county data are available through the Office of AIDS. In 1998, a total of 20,702 specimens from these selected counties were tested for HIV antibodies (Table 37). Of these, 0.03 percent were seropositive. Prevalence ranged from zero positives in seven counties to a high of 0.21 percent in Alameda county.

As shown in Table 38, males represented 80.8 percent (16,724) of the total civilian applicants for these counties, of which six (0.04 percent) were seropositive. Females represented 19.2 percent (3,978) of the total civilian applicants for these counties, of which one (0.03 percent) was seropositive (Table 39).

In 1998, men in age group 35-39 showed the highest prevalence of 0.43 percent. The one positive among women was in age group 20-24 with a prevalence of 0.10 percent.

Among race/ethnicity groups, Black men had the highest prevalence of 0.10 percent and Asian/Pacific women had one positive (0.22 percent).

[1] Alameda, Contra Costa, Fresno, Kern, Los Angeles, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, and Santa Clara.

Table 37.
HIV-1 Seroprevalence for Civilian Applicants for Military Service
Selected California Counties[1]
1998

County/City of Residence	Number Tested	Number Positive[2]	Prevalence (%)
Alameda	973	2	0.21
Contra Costa	799	0	0.00
Fresno	719	0	0.00
Kern	880	1	0.11
Los Angeles	7,922	3	0.04
Sacramento	1,625	0	0.00
San Bernardino	2,168	0	0.00
San Diego	3,492	1	0.03
San Francisco	361	0	0.00
San Joaquin	698	0	0.00
Santa Clara	1,065	0	0.00
Total	20,702	7	0.03

[1] Data provided by Centers for Disease Control and Prevention, National Center for HIV/STD/TB Prevention, Division of HIV/AIDS Prevention, Civilian Applicants for Military Service.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorencence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Table 38.
HIV-1 Seroprevalence for Male Civilian Applicants For Military Service By Age Group and Race/Ethnicity Selected California Counties[1]
1998

Gender and Age Group	Number Tested	Number Positive[2]	Prevalence %
Age Group			
Under 15	0	0	a
15-19	9,687	0	0.00
20-24	4,488	1	0.02
25-29	1,431	3	0.21
30-34	711	1	0.14
35-39	232	1	0.43
40-44	117	0	0.00
45 and Over	58	0	a
Race/Ethnicity			
White	7,366	3	0.04
Black	2,058	2	0.10
Hispanic	4,368	1	0.02
Asian/Pacific Islander	2,326	0	0.00
American Indian/Alaskan Native	197	0	0.00
None of the Above	409	0	0.00
Total	16,724	6	0.04

[1] Data provided by Centers for Disease Control and Prevention, National Center for HIV/STD/TB Prevention, Division of HIV/AIDS Prevention, Civilian Applicants for Military Service.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorencence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

Table 39.
HIV-1 Seroprevalence for Female Civilian Applicants For Military Service By Age Group and Race/Ethnicity Selected California Counties[1]
1998

Gender and Age Group	Number Tested	Number Positive[2]	Prevalence %
Age Group			
Under 15	0	0	a
15-19	2,446	0	0.00
20-24	1,009	1	0.10
25-29	312	0	0.00
30-34	160	0	0.00
35-39	37	0	a
40-44	9	0	a
45 and Over	5	0	a
Race/Ethnicity			
White	1,606	0	0.00
Black	755	0	0.00
Hispanic	992	0	0.00
Asian/Pacific Islander	448	1	0.22
American Indian/Alaskan Native	76	0	a
None of the Above	101	0	0.00
Total	3,978	1	0.03

[1] Data provided by Centers for Disease Control and Prevention, National Center for HIV/STD/TB Prevention, Division of HIV/AIDS Prevention, Civilian Applicants for Military Service.

[2] All positive specimens were repeatedly reactive by Enzyme-linked Immunosorbent Assay (ELISA) and confirmed by a Western blot or Immunofluorencence Assay (IFA).

[a] Not calculated for fewer than 100 tested and number positive less than or equal to 3.

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